



World Health  
Organization

SIERRA LEONE

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# ANNUAL REPORT

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A YEAR IN FOCUS 2016

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A YEAR IN FOCUS 2016



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Photo: WHO/Kamara U

# INTRODUCTION

# Overview

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**2016 has been an exceptional year for the people of Sierra Leone, for the Ministry of Health and Sanitation and for the WHO Sierra Leone Country office. Much has been learned, and much has been achieved. This was the year in which the country was able to make the journey from 'Ebola to Health'.**

Following the Ebola crisis, the Government of Sierra Leone identified several key strategic priorities to strengthen the health system and restore essential health services. These include the Presidential Recovery Priorities, which entered their second phase in 2016 and include a number of health-related goals: 1) saving the lives of 600 women and 5000 children; 2) preventing, detecting, and responding to epidemics and ensuring zero cases of Ebola Virus Disease (EVD); and 3) delivering continuous care for Ebola-affected persons and Survivors. The World Health Organization (WHO) has been supporting the Ministry and working with partners – nationally, in the districts and communities - to translate these goals into tangible health programmes and gains in Sierra Leone.

The early part of the year was marked by two cases of EVD that were confirmed in January 2016. While a setback for the country, the response in Tonkolili District in many ways exemplified best practice for disease control, and demonstrated solid evidence of increased capacity within the healthcare system to mobilise, respond, and mitigate the potential impact of a public health emergency. Since then, Sierra Leone has managed to effectively sustain a 'Resilient Zero' in terms of no new Ebola cases, and achieved significant advancements in emergency preparedness and response.

In line with the Recovery Priorities, there has also been a substantive scale up of efforts towards saving children's and women's lives. The country's very high rates of child and maternal mortality have now galvanised a foundation for a strong national programme, capable of delivering real impacts for the people of Sierra Leone. Maternal death review committees have been established in all districts, helping to improve the quality of data on maternal mortality; trainings have taken place to support health workers in delivering crucial emergency triage and care, and vaccinations are reaching more and more

children across the country. With interventions like these, a sturdy foundation is being established for a drastic reduction of maternal and child deaths, which will remain a critical agenda for 2017 and beyond.

On communicable diseases, from HIV to tuberculosis and malaria, the challenges are large but the country is making progress. The latest World Malaria Report indicates significant declines in malaria-related deaths for Sierra Leone and a thirty percent reduction in new cases since 2010. However malaria still remains the number one cause of disease in the country, so there is more to be done yet in advancing this fight. The tuberculosis disease burden is also substantive, but important work has progressed to get the programme back on track following setbacks that occurred during the Ebola outbreak. Alongside high prevalence of infectious diseases, the burden of noncommunicable diseases (NCDs) is unfortunately increasing. In light of this, notable work has taken place to reduce risks from NCDs including the advancement of landmark tobacco control legislation, and wider promotion of cancer screening.

Underpinning all of these achievements has been a continued focus on vibrant community engagement. Lessons from the Ebola outbreak resolutely demonstrated the importance of meaningful community engagement as part of a successful health response, and this expertise has been leveraged through 2016 for effective health promotion relating to a range of areas, from disease prevention and control to maternal and child health.

There has also been significant progress in strengthening the national health system. Based on the outcomes of a very successful national Summit in June, there is now a first draft of a national Human Resources for Health Policy and Strategic Plan. Building a skilled and motivated health workforce is fundamental



Photo: WHO/Gborie S

to a functioning health system so this will be a critical area of attention in the years ahead. During the year, national strategies have been developed for an integrated Health Information Management System and for Laboratories, and work is ongoing towards drafting a new five-year National Health Sector Strategic Plan.

Over the course of 2016, our work would not have been possible without strong collaboration and support from other United Nations agencies and many other partners. Special acknowledgement must go to the Government of the United Kingdom, the Centers for Disease Control and Prevention (CDC), the European Union, USAID, the World Bank Group, the African Development Bank, the Bill and Melinda Gates Foundation, GAVI, the Global Fund and

others who have trusted WHO and provided us with the necessary resources to be able to carry out this valuable work in the health sector.

Finally and most importantly, we would like to recognise our valued colleagues and counterparts at the Ministry, with whom WHO continues to enjoy a trusted and meaningful partnership - nationally and in the districts. Ultimately, the success of this partnership has enabled us to work together in building a stronger health system, and a healthier future for the people of Sierra Leone.



# A Year in Review



## 3 National Goals under the Presidential Recovery Priorities

600 women  
5000 children over two years

SAVING LIVES

### 1, Saving the lives of 600 women and 5000 children

- 50 doctors and midwives were trained in emergency care at the Princess Christian Maternity Hospital in Freetown
- 140 Supervisors were trained to manage priority childhood illnesses, before trainings were cascaded to health facilities countrywide
- 14 800 pregnant women were reached with critical health information on safe pregnancies and childbirth
- More than 90% coverage was achieved for all major vaccines
- A Mass Drug Administration for neglected topical diseases reached 14 000 communities

1,

Achieving a 'Resilient Zero'

EBOLA

### 2, Achieving a 'Resilient Zero'

- Zero confirmed cases of Ebola since January 2016
- Over 90% suspected outbreaks were notified appropriately and triggered timely rapid response
- 14 Rapid Response Teams were trained and mobilised
- Over 8000 healthcare workers were trained in Infection Prevention and Control, while 8450 were trained to do community-based surveillance
- 80 staff from 14 laboratories were trained for effective biosecurity

2,

Continuous care for Ebola Survivors

### 3, Ensuring care for Ebola Survivors

- Free healthcare services are now available to approximately 3030 Ebola Survivors
- 230 healthcare workers from more than 1100 health facilities were trained on Survivor Care as well as 150 Survivor Advocates.
- 55 Supervisors were trained on Psychological First Aid which will now be expanded to health workers in all districts

3,



Photo: WHO/Gborie S

# ESSENTIAL HEALTH SERVICES

The Government of Sierra Leone has pledged to accelerate reductions in maternal and childhood mortality as one of the three key results areas under the Presidential Recovery Priorities, while supporting the restoration of essential health services. 2016 was also the first year of implementation of the Sustainable Development Goals (SDGs), which aim to ensure healthy lives and promote well-being for people of all ages.

The Basic Package of Essential Health Services represents a commitment from the Government to ensure that critical health services are available to its people, from disease prevention to maternal and child health services and emergency care, with a particular focus on saving the lives of women and children.

# Expanded Programme on Immunisation

The immunisation and vaccine development programme aims to stop the spread of vaccine preventable diseases, thereby reducing deaths and disability and preventing outbreaks. In line with the Global Routine Immunisation target, Sierra Leone aims to vaccinate at least 90 percent of children against key preventable diseases. For this to happen, a number of interventions have needed to take place including: training of health workers on effective immunisation practices; improvements in supply chain and vaccine management, and ensuring equitable access to the vaccines.

Routine immunisation activities were implemented as an integral part of child health programmes throughout the year, and coverage of the third dose of Pentavalent vaccine, which provides protection against five major diseases, increased from 85 percent in 2015 to 98 percent as of October 2016.

This year saw Sierra Leone participate in a remarkable synchronised global switch from using trivalent to bivalent oral polio vaccine. The new vaccine type will continue to protect infants from poliovirus types 1 and 3 while withdrawing the type 2 component, thereby mitigating risks of vaccine-derived poliovirus. This is a major milestone in accelerating the Polio Eradication Initiative and Polio End Game Strategy. The Ministry with support from partners also conducted four rounds of Polio National Immunisation Days, targeting children aged 0 – 59 months, achieving coverage of 98.1 percent (February), 96.2 percent (April), 98.5 percent (September) and 98.9 percent (October).

Other significant milestones include a measles outbreak response campaign that commenced in April 2016, spearheaded by the Ministry in collaboration with UNICEF and WHO. By mid-May, approximately 2.8 million children aged 6 months to 15 years old in Sierra Leone had

been vaccinated against the disease, ultimately achieving 97.7 percent coverage. As part of the response, additional cold chain equipment was procured and distributed to the districts to replace obsolete equipment and to expand cold chain capacity. Training on cold chain management for national and district immunisation staff as well as vaccine management training for technicians were conducted.

Two rounds of Maternal and Child Health Weeks (Mami en Pekin Wellbodi Week) took place this year, providing an opportunity to integrate vaccination programmes with other interventions, including defaulter tracing; deworming and Vitamin A administration; referral of pregnant women for antenatal care; nutritional assessments, and bednet distributions for targeted groups.

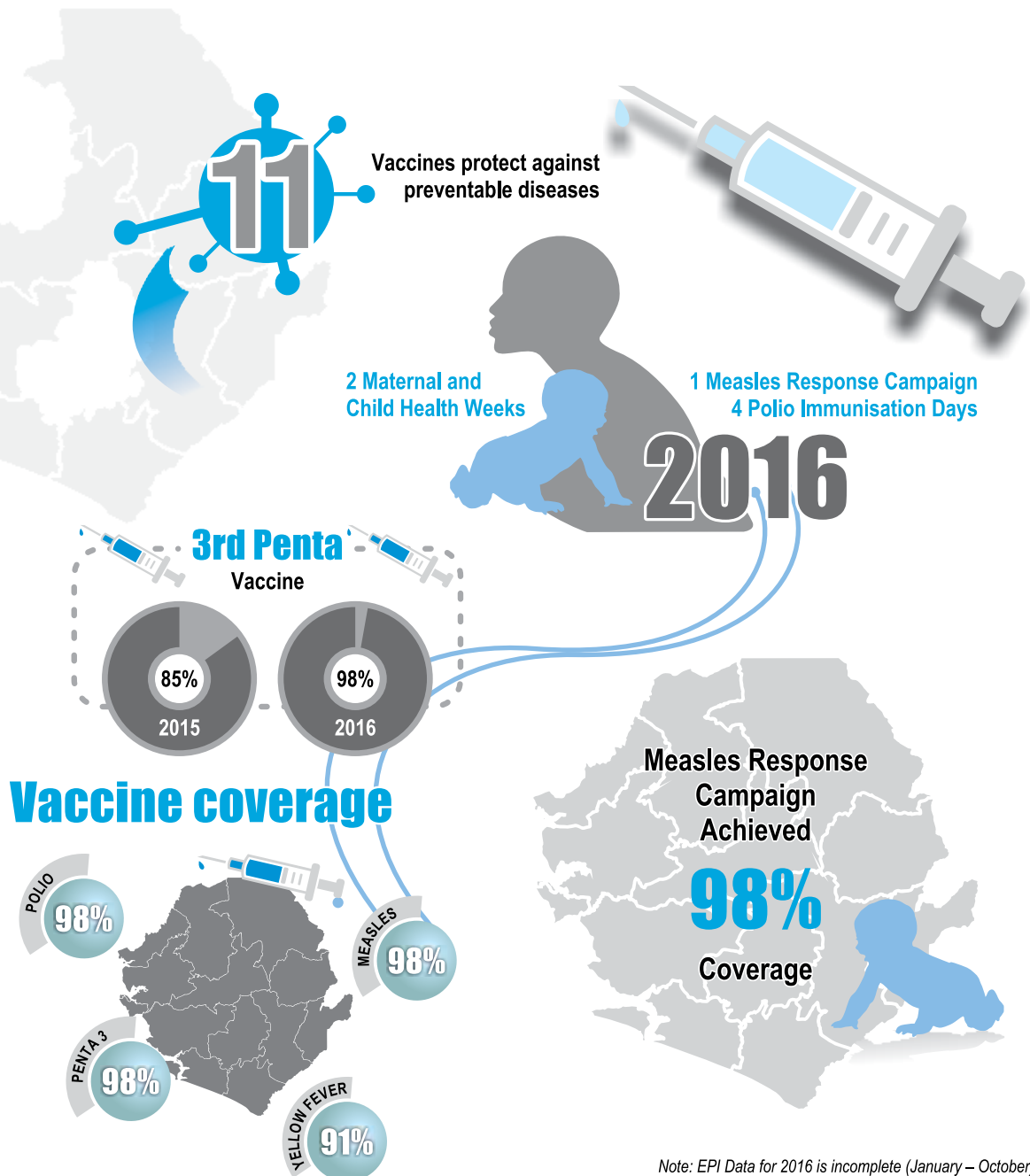
Critical disease surveillance activities were also undertaken for Vaccine Preventable Diseases and Acute Flaccid Paralysis. This included training of clinicians in the Western Area; sensitisation of traditional healers and religious leaders in Kambia District; orientation of national and district health workers, and provision of laboratory reagents and supplies to support the surveillance process.

Expanding access and coverage to lifesaving vaccines has been the result of collaborative efforts by many different partners including WHO, UNICEF, GAVI, NGO, health workers and community groups, under the overall leadership and guidance of the Ministry. For the future, strengthening routine immunisation services as well as surveillance for vaccine preventable diseases will remain a priority. The full support of District Health Management Teams, Local Councils and community leaders will remain critical to ensure that every child in every community is reached with lifesaving vaccines.



**Daniel Swarray**  
District Operations Officer - Moyamba

“We have seen real improvements in the cold chain and transport systems in the district, while new solar refrigerators have been installed which maintain a constant temperature and are large enough to hold more vaccines. We also successfully participated and conducted all the rounds of the nationwide immunisation campaigns including the bOPV/ tOPV switch and the introduction of the measles second dose. Despite mobility challenges in the riverine areas, Moyamba is one of the districts that has sustained a very good routine coverage of essential immunisation services in the country. We still have to work hard to improve the uptake of the measles second dose, which will be a focus for us in 2017.”



# Reproductive, Maternal, Newborn & Child Health

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The President's Recovery Priorities have set a national target to save the lives of 600 women and 5000 children over two years, thereby reducing the country's high rates of child and maternal mortality. To this end, urgent attention is being directed to improve the quality of care provided to women and children, with a specific focus on facility improvements, availability of lifesaving medicines, strengthening referral systems, and training and mentorship of key personnel.

The vast majority of maternal and newborn deaths occur because of complications during and following pregnancy and childbirth. Most of these complications are preventable or treatable, and improving emergency obstetric and neonatal care (EmONC) is one vital area of intervention. During the year, the Ministry in partnership with WHO, the London School of Hygiene and Tropical Medicine, midwifery training institutions and other UN partners trained fifty health staff from Princess Christian Maternity Hospital, a specialised EmONC centre in Freetown, while a new EmONC national training curriculum and training manual was also developed. This is part of a broader programme of support that will look to improve the quality of EmONC services at health facilities across the country through comprehensive trainings and supervision.

Further to this, training of midwives is being expanded to meet the President's Commitment to have 1145 midwives in place by 2020. A new midwifery curriculum was produced, education standards established, and accreditation tools developed. Pre-service training materials have also been finalised and printed for use in the country's 13 nursing and midwifery schools. At the specialised level, two Internists and one Paediatrician returned to the country following a Fellowship programme that was supported by the Government of Canada, WHO and other UN partners in collaboration with the Ministry.

Better data is critical to tackling child and maternal deaths and in 2016, important first steps were taken towards improving reporting, surveillance and reviews of maternal mortality. Building on investments in national surveillance systems, maternal deaths reporting systems are now established at the national and district level and over the course of the year, 618 deaths were reported through these systems. With support from WHO and UNFPA, Maternal Death Surveillance and Response (MDSR) Committees were also formed in all districts, with close supervision given to those reporting and reviewing deaths, making recommendations, and entering data.

Sensitisation of health workers, peer educators and communities was undertaken on the country's Adolescent Friendly Health programme, towards increasing the accessibility of health services for Sierra Leone's young people. In partnership with the Ministry, UNFPA and Marie Stopes International, WHO additionally supported the roll out of long-lasting contraceptive options, with 100 Maternal Child Health Aides and Community Health Nurses trained on the use of these contraceptives in five districts, benefitting over 650 women by the end of the year.

On child health, the Ministry with support from WHO ran trainings for health workers on the Integrated Management of Neonatal and Childhood Illness (IMNCI) approach, which aims to improve treatment and preventative care for children aged under five years. In total, the IMNCI trainings reached at least one staff in all peripheral healthcare units across 11 districts.

Steps were taken to improve the quality of emergency care for sick babies and children through the WHO Emergency Triage Assessment and Treatment (ETAT+) programme. ETAT+ was first piloted in Sierra Leone at Ola During

Children's Hospital in Freetown by the Welbodi Partnership and the Royal College of Paediatrics and Child Health, and showed very positive results in terms of accelerating treatment time for very sick children. Building on this, the country is now preparing to roll out ETAT+ in all district hospitals in 2017. A quality of care assessment has been conducted in 13 district health facilities for this purpose, and national guidelines developed on emergency care.

Finally, the Government of Sierra Leone is developing a national Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy for 2017-2021, which will set the agenda for the next five years. Under the leadership of the Ministry, WHO will continue to collaborate with UNFPA, UNICEF and other UN agencies, the H6 initiative, the Government of the United Kingdom, and many local and international NGOs and communities to implement this Strategy from 2017.



**Kadie Bureh-Soloku**  
District Health Sister-1 - Tonkolili

“In 2016 Maternal Deaths Surveillance and Response was one of the major focus areas for our district. There is a committee that reviewed every maternal death in the district to identify the cause of each maternal death. The committee meets monthly and is chaired by the District Medical Officer, with membership from the District Health Management Team including the Midwife Investigators, Disease Surveillance Officers, District Health Committee, community leaders including the Paramount Chiefs and partners in the districts. A common challenge that we still grapple with is the issue of home delivery and late referrals. By the time a good number of the cases reach the health facility they have already developed complications. The involvement of community leaders in the review process is critical because whenever we meet, we make sure we emphasise the importance of timely visits to the health facility where trained health workers can assist with the delivery.”

Photo: WHO/Gborie S



# MATERNAL HEALTH



Sierra Leone has one of the world's highest maternal mortality rates, at an estimated **1360 deaths per 100 000 live births**. Every day, the equivalent of eight women lose their lives because of pregnancy and childbirth

To reduce maternal deaths in line with the President's Recovery Priorities and the Global Goals, the country needs:



## A skilled workforce

1 145 MIDWIVES TO BE TRAINED WITH NEW CURRICULA AND MATERIALS

Sierra Leone currently has only two skilled healthcare providers per 10 000 people, far below the WHO critical threshold of 23. The country needs to increase access to midwives, nurses and specialised care.



## Emergency care

50 HEALTH WORKERS TRAINED IN EMERGENCY OBSTETRICS

Improved emergency care is critical to save lives. Efforts also need to be made to improve availability of safe blood, medicines and other supplies.



## Better data

618 DEATHS REPORTED THROUGH THE NATIONAL SURVEILLANCE SYSTEM

Accurate information on maternal deaths is very important for knowing where and why women are dying, and what can be done. All 14 districts now have Maternal Death Review Committees in place who are responsible for inputting data, reviewing the deaths and recommending a response.



## Access to family planning

650 WOMEN ACCESSED LONG-LASTING CONTRACEPTIVES

Family planning is an important step in stopping maternal deaths, especially for youth. In 2016, 100 Maternal Child Health Aides and Community Health Nurses were trained on to administer longlasting contraceptives in five districts, and support was provided to the Adolescent Friendly Health Program which provides counselling and health services to young people.



## Community engagement

14 800 WOMEN ENGAGED ON ANTENATAL CARE

Giving birth in a health facility and attending four antenatal checkups are critical for reducing risks of complications during pregnancy and childbirth, and community engagement is vitally important for promoting these behaviours.

# Nutrition

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Sierra Leone has high levels of under-five stunting at 28.8 percent, with anaemia prevalence in women, pregnant women and children at 45 percent, 70 percent and 76.3 percent respectively. This is a major issue for the country, and WHO estimates that about 45 percent of all childhood deaths are associated with malnutrition. For this reason, the Ministry of Health and Sanitation, WHO and other partners are collaborating to roll out a range of activities that aim to improve nutrition throughout the life cycle. WHO provides particular support to the Directorate of Food and Nutrition through the Accelerated Nutrition Improvements and the Health Growth Projects.

Through such initiatives, the Ministry this year conducted trainings for 39 Nutritionists and partners on monitoring, preventing and reducing childhood stunting at the community level. A further 200 health facility staff received training in monitoring of childhood growth using a revised training manual, and a user guide was developed on use of the Child Health Card for reporting childhood health and nutritional status.

Annual and quarterly nutrition surveillance reports were produced throughout 2016 with the aim of monitoring trends in malnutrition, while a national Perception Survey highlighted improved perceptions among the country's Nutritionists on surveillance activities, especially the use of WHO Child Growth Standards. Most indicated that they now feel confident in all or most aspects of the activities related to nutritional surveillance. The Food and Nutrition Early Warning System Guidelines and Operational Procedures were also validated in 2016, and country data on food and nutrition security were updated in collaboration with partners.

Following the completion of a 2015 pilot study, a quarterly screening programme was rolled out in five communities in Western Area Rural in 2016 to assess stunting and malnutrition. Through Mothers Support Groups, simple 'height for age' and arm measurement tools enabled screening of children under five years of age, with support for counselling and referrals where needed. Out of 896 children screened, results indicated that 14.2 percent (127) were severely stunted. A

total of 771 children aged 6 to 59 months were also screened for malnutrition, with 2.1 percent (16) found to be severely wasted and referred to health facilities. In 2017, this approach will be expanded to broaden nutritional surveillance to ten communities in the district.

At the national level, the Directorate of Food and Nutrition was supported to conduct an Annual Nutrition Review Meeting and produce the country's 2016 Action Plan. Developed by the Ministry with support from partners, other key guidelines and publications produced or updated in 2016 include: the Maternal, Infant and Young Child Feeding Guidelines; the Sierra Leone Food-Based Dietary Guidelines for Healthy Eating; National Nutritional Guidelines for Tuberculosis and People Living with HIV/AIDS, and a counselling package for community workers on Maternal Infant and Young Child Nutrition. Briefs on a new Code of Marketing of Breast Milk Substitutes were also created which will now be tabled with the relevant line ministries.

Many important nutrition promotion activities were undertaken through the course of the year. In particular, awareness-raising programmes were conducted to highlight the importance of breastfeeding and appropriate complementary feeding during World Breastfeeding Week in collaboration with the Directorate of Food and Nutrition and partners. The Directorate of Food and Nutrition with support from WHO, the Scaling Up Nutrition (SUN) Secretariat and SUN Networks also hosted the country's very first National Health and Nutrition Fair 2016, providing a platform to raise public awareness on key health and nutrition issues and highlight national efforts to end malnutrition and hunger in Sierra Leone.

Finally, to strengthen coordination on food safety issues in collaboration with the UN Food and Agriculture Organization, the National Codex Committee was re-established and new executive members appointed in order to address food safety issues, and ensure adequate standards are maintained to this effect.





**Nusratu Coker**  
Clinical Nutritionist - Moyamba

In 2016 we had a very high success rate in managing malnutrition at the inpatient facility in Moyamba District. During the year we had 92 admissions and an over 90 percent treatment success rate. Despite the availability of therapeutic foods, most of the children reach the hospital at a very late stage, even after they have been referred by the health facilities. We have been working with our Community Engagement colleagues to address this challenge, so that parents are encouraged to bring their children for prompt treatment as soon as they are referred by the health workers. We're working closely with multiple partners in the district and we have received invaluable support including trainings, equipment and supervision, all of which are helping us to reduce the incidence of malnutrition among children."



**Saibatu Mattia**  
Carer - Moyamba District

"When my 18 year old sister died in August one month after giving birth to her twin babies, I became the mother of the kids. It has been very challenging ever since. In December the children became very ill and anaemic. We would have lost them but they were admitted and spent two weeks here in Moyamba Hospital where the children were treated for malnutrition. Upon discharge we were given guidance on what and when to feed the children and we are also getting regular follow ups from the nurses."

Photo: WHO/Gborie S



# Infectious Diseases

## HIV/AIDS, Malaria and Neglected Tropical Diseases

Malaria is endemic in Sierra Leone and affects the entire population, with stable and perennial transmission in all parts of the country. It remains a major public health problem and is also an important cause of morbidity, mortality, disability and poverty. It is presently the country's leading cause of child deaths.

To assess the efficacy and safety of medicines currently in use for the treatment of uncomplicated malaria, the Ministry in partnership with WHO conducted an antimalarial medicine efficacy study in four sentinel sites: George Brooke Community Health Centre in the Western Area, Makeni Government Hospital, Bo Government Hospital and Kenema Government Hospital. The results of the study will be used to draft recommendations and possible updates to the current treatment guidelines for malaria.

To strengthen prevention, Sierra Leone also developed its Insecticide Resistance Monitoring and Management Plan (2017-2020). The Plan aims to protect the effectiveness of the limited number of insecticides currently available for mosquito control. Further to this, insecticide resistance testing was undertaken together with the training of four national and six district staff, initially in four selected sentinel districts (Bombali, Bo, Kono and Western Area Rural). Using WHO test procedures, mosquitoes were reared and tested against seven insecticides from four major classes. The results indicated that malaria vectors were resistant to pyrethroids and DDT but maintained their susceptibility to carbamate (bendiocarb) and organophosphate, which will now inform future activities in malaria control.

Important steps were taken to improve data availability on malaria. In particular, technical support was provided to support the National Malaria Control Programme in integrating malaria programme data into the country's district health information system. This will

prevent the implementation of parallel systems for data management. The 2016 national Malaria Indicator Survey was also undertaken, which assessed performance against key targets contained within the Roll Back Malaria Global Action Plan, the Millennium Development Goals (MDGs), and the President's Malaria Initiative. Specific information was collected on the ownership and use of insecticide-treated mosquito nets, indoor residual spraying of insecticides, prompt and effective treatment of fever in young children, and the prevention of malaria in pregnant women.

On HIV/AIDS, efforts continued to strengthen prevention, diagnosis and management of the disease. In the first half of 2016, the Ministry with support from WHO and partners trained healthcare workers in all peripheral health units on prevention of mother to child transmission, antiretroviral therapy (ART), and HIV counselling and testing, followed by close supervision and mentoring. The national Prevention of Mother to Child Transmission Guideline was also revised to incorporate the WHO 2013 recommendations that lifelong ART be given to all pregnant and breastfeeding women with HIV (Option B+). Awareness raising activities took place for World AIDS Day 2016, which was commemorated nationwide with the theme "Hands up for HIV prevention, treatment, care and support".

Supported by WHO, the Government took a number of important steps towards addressing neglected tropical diseases (NTDs), of which eight are categorised as endemic in Sierra Leone: onchocerciasis, lymphatic filariasis, schistosomiasis, soil transmitted helminthiasis, rabies, leprosy, buruli ulcer and trachoma. A national NTD Steering Committee was established in 2016 to facilitate the monitoring and implementation of the NTD Masterplan (2016-20), which outlines the goals, objectives, vision, mission, implementation strategy and budget for the elimination and control of these diseases. A Mass Drug Administration of Ivermectin and Albendazole was conducted in all districts towards eliminating onchocerciasis, lymphatic filariasis and soil transmitted helminthes, reaching 14 000 communities and 1300 health facilities over the course of the year.

## Tuberculosis

Sierra Leone is among the 30 countries in the world with a severe burden of tuberculosis (TB). In 2015, 20 000 people in Sierra Leone fell ill with TB and 3200 died from the disease; one in four HIV-related deaths were due to TB, and an estimated 480 people developed multidrug-resistant TB (MDR-TB).

To help address these challenges, the Ministry's National Leprosy and TB Control Programme has revised and adopted the TB case definitions and treatment outcome categories in line with WHO recommendations, as well as its treatment guidelines. Consequently, all recording and reporting tools for TB were updated and disseminated. Following supervision, sub-national data are now analysed quarterly and recommendations to address obstacles formulated. The National TB Strategy for 2016 – 2020 was developed and costed, providing strategic direction for all TB-related activities in the country.

Community engagement is crucial to help identify “missing cases”, carry out follow-ups with patients, and provide patient-centred care for those living with TB and TB/HIV. A training manual for community health workers (CHWs) engaged in TB care has been finalised. CHWs support the identification of symptomatic patients and their referral for diagnosis; they provide treatment support, and help with contact tracing. CHWs also have the task to flag stock-outs of medicines used for treatment when these occur.

In 2016, a mapping of available radiology services and equipment was undertaken to support diagnosis of smear-negative and extrapulmonary TB in adults and children, supported by the Global Fund. This will improve the diagnosis of these forms of the disease, particularly in children and in people living with HIV.

Finally, the TB Programme has developed a roadmap to initiate the treatment of drug-resistant TB (DR-TB) patients. Most critically, this includes the introduction of rapid molecular testing to diagnose DR-TB (the Xpert MTB/RIF test), as well as drug-susceptibility testing. Guidelines, tools, training materials and job aides have been developed to support relevant staff in the management of DR-TB, alongside the organization of a study tour to the well-functioning DR-TB programme in Cameroon. TB drug needs and supplies have also been assessed and procured, while critical upgrades will help improve infection control features of the DR-TB treatment ward in the central TB hospital in Lakka, and strengthen the effectiveness of the national TB reference laboratory.



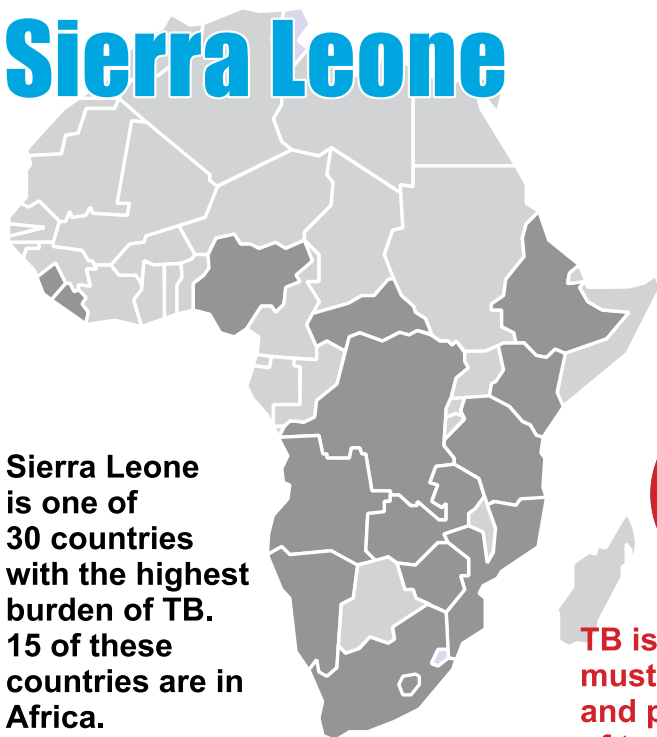
### Manjo Lamin

#### Multi-Drug Resistant TB Focal Point

National Leprosy and Tuberculosis Control Programme - *Freetown*

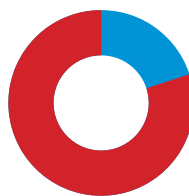
“Very major gains have been made in the prevention and control of tuberculosis in the country. Most excitingly, this year we have been able to kick start a programme for the enhanced management of Multi-Drug Resistant TB. In addition to training of clinicians, stocking of drugs and renovation of the treatment facility at Lakka, four GeneXpert machines have been installed in the country, which take just two hours to confirm a TB test result as compared to approximately one or two days for an ordinary microscopy test. This year, a team of three TB staff from Sierra Leone, myself included, also undertook a two-week study tour to the effective TB Programme in Cameroon. This enabled us to gain first-hand insight on how to implement a successful programme for treating drug-resistant TB. I am very hopeful that this experience will help in ensuring better outcomes for patients here in Sierra Leone.”

# Ending Tuberculosis in Sierra Leone



Sierra Leone is one of 30 countries with the highest burden of TB. 15 of these countries are in Africa.

# END TB



**2015**

20 000 people in Sierra Leone fell ill with TB  
3200 died from the disease\*

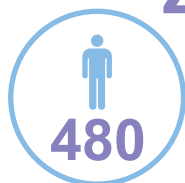
TB is preventable and curable but it must be diagnosed and treated quickly, and patients must complete a full course of treatment.



**4 in 10 cases are not notified**

This increases risks of complications and even death. If TB is not diagnosed and treated quickly there are also greater risks of passing on the infection to others. Case finding is improving but more needs to be done to ensure people recognise the signs and symptoms of the disease and come forward for treatment.

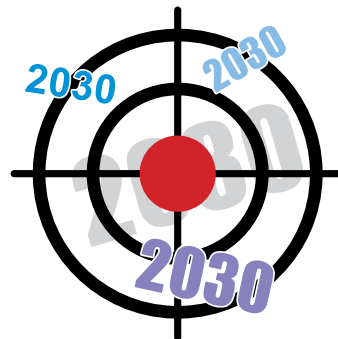
**2015**



An estimated 480 people developed multidrug-resistant TB in 2015. Plans are now in place for improved diagnosis and treatment of drug-resistant TB using rapid testing, followed by the newly adopted 9 month treatment regimen recommended by WHO.

## UN Sustainable Development Goals adopted in 2015.

Ending the TB epidemic by 2030 is among the health targets of the Global Goals



\*The most comprehensive data available is taken from the 2015 Epidemiological Review of TB Disease in Sierra Leone (WHO, 2015)

# Noncommunicable Diseases

Noncommunicable diseases (NCDs) are diseases of long duration and generally slow progression, with cardiovascular diseases, cancers, chronic respiratory diseases and diabetes the four main types. The National Steps Survey (2009) indicated that the Sierra Leonean population is likely to be exposed to significant risks from NCDs. The majority (99 percent) of the population was exposed to at least one of the major risk factors for the onset of NCDs, and 27 percent were exposed to 3-5. Evidence from hospital-based morbidity data also shows an increasing trend of cardiovascular diseases, diabetes, cancers and sickle cell disease.

During 2016 the Ministry with support from WHO invested in various activities to help tackle the rise of NCDs in the country, focused primarily on three main areas: the development of important legislation and policy for tobacco and alcohol control; advocacy and awareness raising on preventive behaviours to reduce risks of NCDs and promote early detection; and, formation of a framework for improved cancer prevention and control.

The commemoration of World Cancer Day, World Health Day and World No Tobacco Day were used to heighten information sharing related to key preventive behaviours: for instance, not smoking, reducing alcohol consumption and staying active, as well as the importance of screening for high blood pressure and elevated blood glucose levels.

Important support was also provided towards advancing critical legislation and policy on tobacco control. Global evidence has shown that effective tobacco control is one of the key interventions for reducing NCDs, with tobacco use the most significant risk factor for cancer globally. To this effect, a cabinet paper for tobacco legislation was drafted, and work is underway on the development of the legislation itself. The tobacco legislation when enacted will protect minors from tobacco use; prohibit the smoking of tobacco in public places, thus protecting the public from second hand tobacco

smoke, and regulate advertising of tobacco. Furthermore, data was collected for the 6th Global Tobacco Control Report that will be released in 2017, alongside the Global Survey on Alcohol and Health.

In the area of alcohol abuse, a cabinet paper for an alcohol policy was developed to help protect the public from the negative effects of alcohol, while the Ministry together with partners produced a communication strategy, posters and jingles to raise awareness of the risks of excessive alcohol consumption, including dangers for young people and unborn babies.

Finally, progress continued towards advancing cancer control in Sierra Leone. A national assessment of cancer prevention and control including palliative care was undertaken by the Ministry in collaboration with the International Atomic Energy Agency, WHO and the International Agency for Research on Cancer. The findings and recommendations of the mission will inform future plans in this area. Three medical personnel were trained on cervical cancer screening while three Ministry staff were engaged on strategic planning, advocacy and sensitisation for its prevention and control. Two sites are being developed for cervical cancer screening and treatment in Makeni and Freetown.

For 2017, WHO will support the Government's efforts in NCD prevention and treatment, with a focus on actively engaging health facilities and communities in these efforts. Special attention will be given to the tobacco control legislation, which would be a vital landmark for Sierra Leone, as well as initiating the development of strategic plans for cancer, diabetes and hypertension.

# Mental Health

While the precise burden of Mental and Neurological Disorders in Sierra Leone is under-researched, it is estimated that one in four people in any low-income country has a mental illness. Sierra Leone has a dire shortage of trained mental health specialists with limited availability of mental health services outside of Freetown. There are 19 general Mental Health Nurses and four Child and Adolescent Mental Health Nurses in the country. In 2016, there was only one retired psychiatrist but two newly qualified psychiatrists have since returned to Sierra Leone: one is now the Medical Superintendent of Kissy Psychiatric Hospital and the other is based at 34 Military Hospital in Freetown.

In order to build up mental health service provision country-wide, the Ministry is investing in training 120 Community Health Officers in the WHO Mental Health Gap Action Programme (mhGAP), which aims to expand access to mental health services in lower income countries. The mhGAP training package was developed and adapted for Sierra Leone in 2016, including the development of an EVD-related Module. It will be rolled out in the first part of 2017.

Considering the impact of the Ebola epidemic on health care workers, as well as a low knowledge base on mental health, in 2016 the Ministry determined to provide Psychological First Aid (PFA) Training to as many health care workers

as possible. WHO supported the development of a PFA Training of Trainers Manual to this effect. The master trainers were trained in three workshops, in Freetown, Bo and Makeni. Participants included one Mental Health Nurse and one Social Worker for each district, as well as a representative of the District Health Management Team. These trainers will now train 120 healthcare workers in their respective districts.

In addition to trainings for frontline workers, priority activities have also included the establishment of a policy and legal framework to support the effective integration of mental health services at all levels of care. In 2016, the Ministry worked towards formulation of a Mental Health Bill and Revision of the Mental Health Policy and Strategic Plan. For the Mental Health Act, key interviews were held with various stakeholders in and around Freetown. A draft has been developed, and regional consultations are now planned for 2017. Revision of the Mental Health Policy and Strategic Plan was also undertaken, with a final draft now to be discussed by the Ministry of Health and other key stakeholders before being launched in 2017.

Finally, the Ministry launched a report on “Mental Health Funding and the SDGs” on June 21 2016, hosted by the Ministry and attended by the Ministers of Social Welfare, Gender and Children Affairs, Finance and Internal Affairs,



**Hawanatu Foday**  
Mental Health Nurse - Kenema

“Until recently, awareness about mental health and its treatment was mostly lacking. The community did not consider mental illness to be a medical condition. Instead they attributed it to various causes including witchcraft, ancestral curses or demonic influences. As such whenever a relative or community member suffers from mental illness, community members would first consider “spiritual cleansing” which almost always ends up with no cure. But since we were trained and a Mental Health Unit opened here at the Kenema Government Hospital, things have started to change. With ongoing sensitisation, the number of people that now seek medical support for mental illness is growing. In 2016 we received a total of 815 visits with 185 new clients from every part of the district. We have had high success rates in managing our clients, we do regular home visits and telephone calls as part of our counselling, and provide psychosocial support activities. Despite this, one big challenge that continues is the high cost of psychotropic medicines, and for some patients this is especially hard because they have already exhausted their earnings on backdoor treatments. This is a major difficulty that we face.”



Photo: WHO/Keenan L

among others. During this event, the Ministry of Health and Sanitation reiterated its commitment to strengthening the delivery of mental health services. The Minister of Finance committed to supporting them in this endeavour, should they

make a submission for funding for mental health activities. This is especially critical since Sierra Leone is an indicator country for implementation of the SDGs.



**Abdulai Paul Kaikai**  
Service User - Freetown

I am a living witness of mental health services, which is why I myself and a number of others that have benefitted from mental health support are now strong advocates for and on behalf of service users. We meet regularly to share our experiences with people who are going through the same situation, and are working hard to reach as many people as possible with information and awareness. We communicate hope. We assure relatives and the patients themselves that as long as malaria or TB can be cured, so can mental health illnesses. We are getting a good number of success stories wherein patients recover and go back to their normal social and professional occupations. We are also encouraged by the attention now being given to mental health in the country. The trainings, services, care by the family, the dignity of the patients and even the way relatives receive mental health nurses is improving and that is a great source of hope and inspiration for us. One big challenge however is that we are in a society that is still heavily influenced by traditional beliefs and superstitions. But with the continued advocacy, we hope to reach the community with accurate information on mental health.”

# Community Engagement

To help achieve the health-related Presidential Recovery Priorities, extensive support has been provided to health promotion relating to maternal and child health, preventing and treating communicable and non-communicable diseases, and other health issues. This includes support to immunisation campaigns and nutrition promotion, alongside the promotion of antenatal care, institutional deliveries and hygiene and sanitation. Communities were also engaged on various national and global health promotion campaigns and events such as World Health Day, focusing on diabetes, World Blood Donor Day, World AIDS Day and International Youth Day.

Data collected in 2016 showed that from April to November 2016, community engagement outreach led by the Ministry with support from WHO reached nearly 21 000 households; 14 800 pregnant women accessed information on antenatal care and institutional deliveries; 8000 mothers participated in the Mothers' Groups; and several hundred young people were rallied as peer educators on health. A range of community platforms were strengthened to support these efforts, including School Health Clubs and Mothers' Support Clubs, which mobilised 'Lead Mothers' to monitor children for malnourishment and promote healthy nutrition for themselves and their families.

To strengthen community linkages with the health centres, Compassionate Communications workshops were held for 350 frontline staff in the first quarter of 2016, targeting In-Charges of the various health facilities as well as District Surveillance Officers, Community Health Worker Supervisors, Traditional Healers and Burial Team Coordinators. The main purpose of the workshop was to strengthen communication skills of health workers, in order to build trust with communities and foster collaboration and coordination. Receiving positive feedback from all participants, the workshop was conducted by the Ministry of Health and Sanitation, WHO and the Ministry of Social Welfare Gender and Children Affairs, and included the following topics: Conversation Challenges, Body Language and Tone of Voice, Psychological First Aid, Shame and Stigma, and Relationship and Trust-building.

District Social Mobilisation Coordinators representing the Ministry and WHO Community Engagement Officers have now been stationed in all 14 districts. It is intended that this will more fully integrate Community Engagement with other health programmes and support greater coordination of community-level initiatives.



**Ella Sawyerr**  
District Health Sister II - Kono

"The effects of Ebola lingered on at the beginning of the year. Health facility attendance was low, health messages were not adhered to, and opinion leaders would expect payments for attending every meeting in the community. The mistrust of the system was huge. Not all of the problems have been solved but there has been considerable progress. Our greatest success has been the strong involvement and full participation of community structures to ensure ownership and partnership. Local bylaws are being enforced to curb practices such as home delivery, and community leaders are working closely with health staff and are reporting events for investigation by the health teams. This shows the impact of the strong relationships and trust we have been able to establish in 2016."





Photo: WHO



**Sahr Gborie**  
Community member, Kaidu Village - Kono

“I have come to appreciate health workers more of late because of the personal touch and communication which they have established with us. Before this time, if we did not listen to the radio or visit the health facility one could hardly get the correct health information, and what we did receive was very didactic. But now we talk to each other so that it is not just them telling us what to do or what is good for us. As a result of the collaboration I have personally become an active health advocate in my community and I do this by leading by example. I take my children to the hospital myself and don't just leave it to my wife. When anyone falls sick in my family we no longer go to the old ways; instead we go straight to the hospital. Such awareness wasn't there before.”



**Musa Dumbuya**  
Chairman, Thorminaya Section Health Committee - Kambia

“We have established a Health Committee that comprises of all village leaders and other authorities. This Committee supports the health staff and ensures that good practices are adhered to in the communities. We go round to announce or remind the community about key weekly health events, we discourage home delivery, and we coordinate and facilitate local contribution to health projects. We also promote male involvement to support their wives for antenatal attendance and childcare. We hope to improve on the gains we made in 2016 to help improve the quality of life for our people in the whole of this area.”



Photo: WHO/Gborie S

# HEALTH SECURITY & EMERGENCIES

The President's Recovery Priorities include a national commitment to achieve a 'resilient zero' in terms of addressing risks from EVD, and preventing epidemics. To this end, the Ministry together with WHO and partners is working to enhance capacity at all levels of the health system and in communities to identify, to be prepared, to prevent and to respond to health security hazards and emergencies, especially outbreaks of diseases.

Particular notable achievements in this area have included the revitalisation of disease surveillance

and reporting systems countrywide; the formation of rapid outbreak investigation and response teams nationally and in each district; capacity building in regional and district laboratories for more effective diagnostics, and a substantive infection prevention and control programme established within health facilities to increase hygiene and safety. Work is also underway towards updating the foundational Public Health Act, which sets a legislative framework for protecting the health of the citizens of Sierra Leone.

# Emergency Preparedness & Response

On 14 January 2016, a new confirmed case of EVD was reported in Tonkolili District. Together with WHO and partners, the Government of Sierra Leone triggered an emergency response. This entailed preventing further transmission of the virus by identifying and monitoring contacts, providing refresher training to healthcare workers, and ensuring timely treatment for one subsequent infection. In total, 131 contacts were monitored across four districts and 214 contacts, and contacts of contacts, received a dose of the experimental Ebola vaccine as a means of containing the flare-up. Though it is not known whether vaccine administration prevented further spread of the virus, data from the Guinea trial

had already demonstrated that the vaccine was beneficial for protection against the disease. On 17 March, WHO again declared Sierra Leone free of active transmission of the Ebola virus.

While this minor outbreak was controlled relatively quickly, the case demonstrated that there remained a residual risk of re-introduction of the virus to Sierra Leone. Throughout 2016, continual preparedness activities were undertaken to ensure that the country remained positioned to respond to flare ups, including management of IPC-compliant isolation and treatment facilities. To support effective coordination, Public Health Emergency

Photo: WHO/Aranda S



Management Committees (PHEMCs) were also established this year with support from WHO and partners. The national PHEMC has so far met twice, in September and December, and orientation sessions have been rolled out to members of the District Committees.

To enhance emergency preparedness mechanisms, the Interagency “No Regrets” EVD Response Plan was developed, coordinated through the office of the UN Resident Coordinator. WHO is the lead agency supporting the Government on two technical areas: Case Finding and Contact Tracing, and Case Management. Support has been given to the Ministry to maintain capacity in these areas, including provision of regular refresher training for contact tracers. Work is also underway towards developing in-country capacity to carry out EVD ring vaccination, using the rVSV\_ZEBOV vaccine, in the event of future confirmed cases.

A national risk profiling exercise was carried out in September, to bring together staff from relevant Ministries and partners to identify the greatest risk hazards facing Sierra Leone. The outcomes of this exercise, in which Lassa fever was identified as one of the highest priorities, will form a basis for planning at the national and district levels. National emergency response plans are also now in place for priority events, including EVD, cholera, Zika virus and flooding. These response plans have been introduced and tested through simulation exercises. Held in December 2016, a national simulation which involved a hypothetical outbreak of yellow fever across three districts brought together national, Western Area, Bo and Moyamba teams, with support from WHO, the US Centers for Disease Control and Public Health England (PHE).

Training materials for Rapid Response Teams (RRTs) were developed and adapted during the first half of the year, before training was rolled out across the country. Established nationally and in each district, these RRTs are groups of 12 emergency responders from various disciplines (Surveillance Officers, Lab Technicians, Clinicians, Nursing Officers, District Medical Officers and Veterinary Officers, among others) who can support rapid response in the event of an outbreak or other emergency. RRTs continue to be supported through supervisory activities and through provision of funds for them to carry out field investigations.

Over the last two years, there have been tremendous efforts to strengthen the early warning system for emergency event and disease detection in Sierra Leone, and support has been given for multiple outbreak investigations, including Lassa fever cases and suspected cases of yellow fever, as well as non-outbreak events. This included flooding responses in Western Area and Port Loko, as well as a fire incident in eastern Freetown. WHO also supported the development of case management plans and guidelines for a number of diseases and health issues including cholera, rabies and animal bites.

Over the next year, continued support will be provided to the Public Health National Emergency Operations Centre to improve the country's capacity to detect and respond to all events of public health significance through capacity building, technical support in developing appropriate plans, and provision of resources for Rapid Response Teams.



Photo: WHO/Aranda S



**Sunil Saigal**

**United Nations Resident Coordinator in Sierra Leone - Freetown**

“The early months of 2016 focused mainly on recovery and re-establishment of the health system after the Ebola outbreak, emphasising the need to build back better than before. We had to keep an eye on critical issues that existed before the epidemic, while at the same time incorporating lessons learned from the outbreak to strengthen the health sector and make it more resilient. The United Nations in Sierra Leone has now established a system that will allow us to respond to disasters and emergencies promptly and robustly, working in synergy with government and other partners to address all components of the response. Moving forward, we will continue to pool resources as One UN to have the greatest possible impact, while at the same time strengthening national ownership of development programmes in Sierra Leone.”



**Dr Sahr Augustine Jimissa**

**District Medical Officer - Tonkolili**

“At the start of the year we were confronted with a flare up of the Ebola Virus. But what was important from that event was the robust and prompt response to the incident, involving many partners, that contributed to controlling the cases within the shortest possible time without further spread of the disease. That was a huge success because if we had delayed, the situation could have slipped the country back into another epidemic. But since then we have been able to maintain a resilient zero and have made good progress in the recovery.”



Photo: WHO/Aranda S

# Integrated Disease Surveillance & Response

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Revitalisation of Integrated Disease Surveillance and Response (IDSR) in Sierra Leone has been prioritised as part of achieving a 'resilient zero' following the EVD outbreak. To build skills among health workers, trainings continued into 2016 to ensure all health facilities in the country have at least one health worker trained in IDSR, and a total of 2156 health facility personnel have now been trained to do disease detection, reporting and outbreak response. Supported by the CDC and the UK Government, WHO also worked with the Ministry to carry out supervision exercises for IDSR in 170 health facilities across the country.

Significant progress was made this year in strengthening the national surveillance and reporting system. On average, 93 percent of health facilities were submitting weekly IDSR reports by the end of 2016, far exceeding an initial target for the year of 80 percent. Targets were met for reporting of suspected outbreaks and public health events: 92 percent were notified to the district health authorities within 24 hours of detection, and for 90 percent of the cases, Rapid Response was initiated within 48 hours. This year, a total of 618 maternal deaths were detected and reported through the existing IDSR system, with data used for investigation, review and action geared towards the reduction of maternal mortality.

Towards improvement of surveillance data quality and use, 39 Ministry staff were trained in data management in May and June 2016. The participants included National and District Surveillance Officers and Monitoring and Evaluation Officers. In August 2016, WHO supported the Ministry to conduct an IDSR Data Quality Audit in all districts and 88 health facilities. The audit provided an opportunity to interrogate the IDSR data in terms of accuracy, reliability, integrity, precision, completeness and timeliness. Feedback reports were shared with all districts with recommendations for action. It is envisaged that all districts will pass subsequent

audits in 2017.

In the framework of IDSR revitalisation, the Ministry with support from WHO, CDC and eHealth Africa developed and rolled out an electronic reporting platform (eIDSR) to replace the existing paper-based system. The eIDSR system was introduced in all 14 districts with 133 Ministry staff trained in its use. Data entry was shifted from the national level to the district level by August 2016. Electronic reporting will enhance data accuracy, timeliness of reporting, analysis and allow for improved data storage and access.

To complement the Indicator-Based Surveillance system, WHO and other partners assisted the Ministry to expand community-based surveillance (CBS). Guidelines, job-aides and reporting tools were developed and training was rolled out in nine of 14 districts. Following training of 909 master trainers, 8449 community health workers were trained to do CBS. A total of ten diseases and public health events have been prioritised for immediate and weekly reporting at community level. Roll out of CBS is aimed at increasing the sensitivity of the surveillance system for early detection, timely notification and rapid response. Six percent of the suspected outbreaks and public health alerts were detected and reported through the CBS system in 2016.

Sierra Leone was among 10 countries in the African region selected to participate in an International Health Regulations (IHR) Joint External Evaluation exercise. The internal assessment was done in August-September while the Evaluation was done in October-November 2016. The final country report will be released in early 2017 and will be used as the basis for the development of a five-year Action Plan to build national capacity to meet the IHR, and prevent, detect and respond to public health threats.

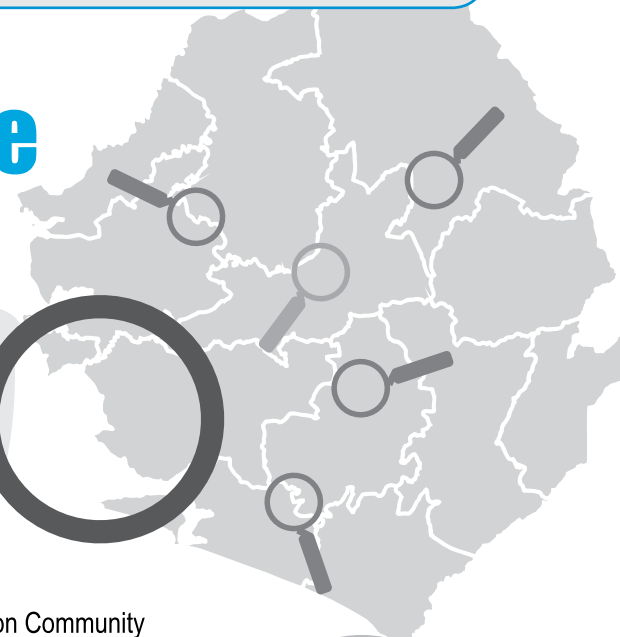


**Rolland Conteh**

**Manager, National Disease Surveillance and Response Programme**  
*Freetown*

“In 2016, we saw considerable progress in implementing surveillance activities including efforts in rolling out the Integrated Disease Surveillance and Response programme, and community-based surveillance. We also started electronic based reporting of surveillance data with positive results and established the Rapid Response Teams nationally and in the districts. I am personally very grateful to all our partners for the close collaboration and the remarkable progress that we have achieved jointly over this last year.”

# Integrated Disease Surveillance and Response



**8449** Community Health Workers trained on Community Surveillance



**2156** health workers trained to do disease surveillance and reporting



**93%** health facilities are submitting timely weekly surveillance reports



**92%** suspected outbreaks in health facilities are notified on time (within 24 hours)



**90%** suspected outbreak cases trigger timely Rapid Response (within 48 hours)

# Infection Prevention & Control

The Ebola outbreak in Sierra Leone highlighted the critical importance of strengthening Infection Prevention and Control (IPC) in the health system and today, IPC remains a priority to reduce infection rates and improve safety for patients and staff. Initial findings from assessments of non-Ebola healthcare facilities conducted in 2016 revealed that just 13 percent of assessed facilities fully complied with essential IPC standards, 24 percent partially complied while 63 percent had low compliance. During 2016, several key activities were therefore undertaken to strengthen IPC in a broader range of healthcare settings.

Support to non-Ebola healthcare facilities increased from 11 percent (136/1294) in the first quarter of 2016 to 26 percent (333/1294) at the end of November 2016, including supervision of staff and on-the-job trainings. A total of 8221 healthcare workers were trained on IPC by the Ministry with support from WHO over the course of the year. IPC documents and posters were provided in all healthcare facilities to remind healthcare workers to adhere to good hygiene practices, and 38 175 liquid hand soap units were distributed to health facilities to improve hand hygiene. Local production of alcohol hand rub is earmarked for 2017 in the four regional hospitals (Connaught, Kenema, Bo and Makeni).

The National IPC Unit that was created in 2015 supported the roll out of an updated national IPC/WASH assessment tool through trainings of 90 IPC officers countrywide. In relation to this assessment, IPC Officers were also trained on how to use the district health information system software for data management. The tool will assist the Ministry to continue to monitor and improve hygiene standards in clinical settings and address gaps as they occur.

Finally, the national IPC Three Year Action Plan was developed and launched in November 2016, to support greater coordination for partners working in the area of IPC. A workshop on developing standard operating procedures (SOPs) was held in December 2016. A total of

20 SOPs were developed and these will guide healthcare providers in integrating IPC with patient care. Following consultations and review, the documents will be launched in early 2017.

Support also continued towards strengthening IPC structures at all levels through monthly District IPC Committee meetings, semi-annual coordination meetings, and quarterly advisory meetings. IPC Committees have now been established in all 13 districts and 25 government hospitals. In December 2016, the WHO IPC experts in the districts handed over their duties to the District IPC Focal Persons. The District IPC Focal Persons will continue mentorship and monitoring of health staff in their respective districts with support from the National IPC Unit and technical assistance from WHO.



Photo: WHO



# Health & Environment

Creating a healthier environment and addressing the root causes of environmental and social threats to health (for instance, outdoor and indoor air pollution, chemicals, climate change, unsafe water or lack of sanitation) is critical for improving health outcomes. Healthy environments depend on having effective policy and legislation in place that protect people's right to health and wellbeing, as well as actions to improve access to safe water, sanitation, address pollution, and other such interventions.

To this end, this year WHO supported the Ministry in reviewing and updating the country's foundational national Public Health Act of 1960. The Act vests in the Government the duty to protect the health of its citizens, including through effective health and environmental standards, regulations and specifications. It is expected that the draft Bill will be finalised in 2017 following consultations with stakeholders

nationally and in the districts. Steps were taken to improve sanitation and waste management on hospital sites.

Generation of healthcare waste is increasing rapidly as a result of expanding healthcare systems, higher utilisation of single-use items, and poor segregation practices. As part of its support to the Ebola response, UN partners donated incinerator and autoclave units for healthcare waste management in various tertiary hospitals. However usage remained limited, in part because of low levels of knowledge among staff on waste management protocols and practices. In 2016, the Ministry with support from WHO therefore trained 420 incinerator and autoclave operators in all Government hospitals in standard healthcare waste management procedures. This training aimed to improve the skills of health workers and reduce the possibility of infection through well-managed disposal systems.

While Sierra Leone is working towards universal access to safe, reliable, piped-in water, there is also a need for targeted, interim approaches to provide safe drinking water for those whose water supplies are currently unsafe. One such approach is household water treatment and safe storage (HWTS) to prevent contamination during collection, transport, and use in the home. To this effect, WHO provided support to the Ministry for the finalisation of the HWTS Action Plan. The national plan will assist in the integration of HWTS into other identified public health interventions and support its effective implementation.

The absence of a policy framework for pesticide use leaves room for abuse of chemicals and the possibility of damaging the environment. Supported by WHO, in 2016 the Ministry therefore developed an Integrated Pesticides Management Policy, which aims to ensure that available resources (human, financial, and materials) are used in such a way to provide quality, affordable and accessible pesticide management services, and protect the health of people and their environment.



Photo: WHO/Thompson F

# Laboratory

Effective disease surveillance and response depends on the availability of a functional and well-coordinated network of laboratories. In Sierra Leone, the national laboratory system now consists of clinical-community and hospital diagnostic laboratories; three recently established regional laboratories at Bo, Makeni and Kenema, and a central hub of public health laboratories including some that are more specialised, for instance for tuberculosis diagnostic testing.

With the aim of continually strengthening and decentralising laboratory capacity across the country, 60 laboratory technicians from the district and regional laboratories were trained on the safe collection, packaging and testing of disease samples in 2016. Combining classroom lectures with practical exercises, the training exposed participants to methods of specimen collection and standard procedures for diagnostic testing of priority (high risk) diseases. The training also introduced concepts of biosafety; infection prevention and control, and waste management.

Further to this, through the course of the year 17 district lab technicians were trained on standard procedures for performing essential clinical tests, while from the regional and tertiary labs, 15 were trained to do microbiological culture and antibiotic susceptibility testing. Such procedures are important for delivering effective treatment against infections and monitoring antibiotic resistance. It is expected that the tests will become available at the regional laboratories in 2017.

A 2015 assessment of laboratory systems and capacity in Sierra Leone revealed poor implementation of biosafety across all laboratory tiers, with knowledge of biosafety and biosecurity limited to the national public health reference laboratories. To close this gap, in May 2016, two biorisk management trainings were held for a total of 80 lab technicians from the district and reference laboratories. Furthermore, the Ministry appointed and trained 15 Biosafety Officers, who will oversee implementation of biosafety in the public laboratories in their districts.

Finally, important work was undertaken to improve the quality, availability and analysis of laboratory data. At the start of the year, there were many inadequacies in the country's laboratory information system, which existed mainly as a non-standardised paper-based system with limited data collection and use. Computers were also only available in the national reference laboratory and Kenema Viral Haemorrhagic Fever Lab. To help address these constraints, the Ministry with support from WHO and Options developed standardised laboratory reporting forms and registers, and electronic data capture tools. Computers, printers and accessories were distributed and installed in 19 district and three regional labs, and 50 data clerks and support staff were trained to do data entry. National Data Officers were also supported to conduct monthly supervision visits to collate district laboratory data, address technical issues, and provide feedback on data quality.



**Sahr Kanawa**  
District Lab Team Lead - Kono

“Tremendous improvements have taken place here over the course of 2016. Capacity of the lab in terms of skilled personnel, specialist equipment and tools, reagents, infrastructure, work environment and office space have all improved. Now there is a 24-hour uninterrupted power supply and improved storage facilities at the right temperature. As a result of these positive changes we are now able to conduct specialised tests and analyses, some of which we used to send to the regional or national level laboratories.

The support we received from our partners has helped to shorten the turnaround time for us to know and importantly also for the patient to know the outcome of their tests for necessary action. We feel motivated.”

# Survivors

Sierra Leone has a registered population of 3032 Survivors of Ebola Virus Disease, who report various medical problems including neurological, ear and eye complaints, and mental health issues. For this reason, Survivors need comprehensive medical and psychosocial support. The biggest achievement by the Ministry of Health and Sanitation in this area this year has been the national roll out of the Comprehensive Programme for EVD Survivors (CPES), which aims to improve their clinical care. The WHO Interim Clinical Guidelines for Survivor Care were also released in April 2016. These guidelines have since been updated and adapted to the Sierra Leonean context, and are used as the basis for much of the training curricula for health workers within CPES.

Training of frontline healthcare workers has been an integral part of CPES. With support from WHO and partners, 12 Clinical Training Officers and 226 healthcare workers from 104 community-level health facilities in districts across Sierra Leone have been trained on Survivor Care. 14 referral coordinators, based at Government District Hospitals have also been trained on the facilitation and monitoring of referrals for all people entitled to free healthcare, including Survivors. Refresher trainings are continuing periodically.

To improve access to care for this group, 152 Survivor Advocates and Supervisors have also been trained through CPES and the partners of the Ebola Survivors' Care Consortium which include Medicos Del Mundo, International Medical Corps, Goal, Partners In Health, Save the Children, World Hope International, the Kings Partnership and John Snow Institute. The role of the Advocates is to ensure that Survivors are able to access healthcare when required and to conduct monthly home-based follow up visits and psychosocial support. With support from WHO, plans were also put in place to train an additional 30 medical doctors on specialised clinical care for neurological and rheumatologic conditions, which is expected to come into effect in the second quarter of 2017.

Finally, WHO assisted the Ministry to undertake data analysis for the national semen-testing programme, which has assessed persistence of the Ebola virus in the body fluids of Ebola Survivors. Through the course of the study, various body fluids from male and female Survivors were tested for presence of the Ebola virus. All participants received follow-up till the Ebola virus was undetected twice in a row in all samples tested, and could access counselling and advice on safe sexual practices as well as contraception. Final results of the study will be published in 2017.



Photo: Survivors Dream Project



Photo: WHO/Gborie S

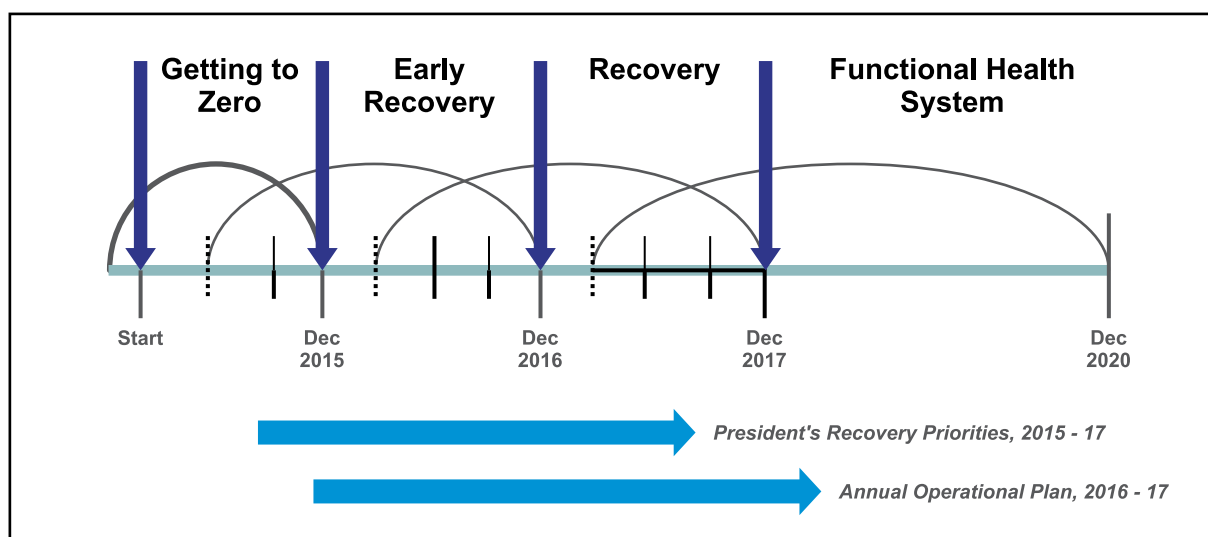
# HEALTH SYSTEMS STRENGTHENING

A strong and well-functioning health system rests on a number of building blocks including: trained and motivated health workers; well-maintained infrastructure and information systems, and a reliable supply of medicines and technologies, all backed by sustainable financing, strong health plans and evidence-based policies.

Towards these longer term goals, the Ministry of Health and Sanitation with support from

WHO and partners is implementing various activities focusing on strategy and policy development, improving financial and operational management, developing a new and improved health information system, and effective planning to help meet the country's short, medium and longer term health workforce needs.

# Policy, Planning & Financing



*The Recovery Priorities and Timespans. Source: Government of Sierra Leone, Health Sector Annual Operational Plan (2016/17)*

National health policies, strategies, and plans play an essential role in defining a country's vision, priorities, budgetary decisions and course of action for improving and maintaining people's health. This year, activities in this area supported effective planning exercises as the country transitioned from an emergency response, to a focus on building back a stronger, more resilient health system. Such efforts support the overall implementation of the Health Sector Recovery Plan 2015-2020, the current phase of which is the President's Recovery Priorities (PRPs).

To this effect, a comprehensive review of the previous National Health Sector Strategic Plan (2010-15) was undertaken by the Ministry, with support from WHO. The final report of the assessment was released in 2016 and identified both progress and bottlenecks that occurred during implementation, and made several recommendations to inform the development of the forthcoming National Health Sector Strategic Plan for 2017-2021.

Additionally, a two-year Annual Operational Plan for 2016-17 was developed, which aims to translate policies and strategic objectives, including those outlined in the PRPs, into tangible health interventions, indicators and budgets. Consultative planning workshops were held at district and central levels, where stakeholders, health partners and key service providers contributed to the planning exercises.

In 2016, the Ministry also developed the 2014 National Health Accounts to capture health expenditure data, with the aim of enhancing understanding of health spending patterns in the country. Cross-country experience sharing (notably with Liberia and Ghana) were facilitated and will help the Government tackle issues related to preparing future health accounts.

# Human Resources *for* Health

Shortages of well-trained and experienced health personnel present a crisis of epidemic proportions in both developed and developing countries. In Sierra Leone, this shortage has been exacerbated by ten years of civil war and most recently the Ebola crisis, which caused 221 recorded health worker deaths. All of Sierra Leone's districts fall short of WHO's recommended minimum thresholds for health worker density (22.8 health workers per 10,000 people).

The Government of Sierra Leone is now working to address these gaps and putting plans in place to strengthen the health workforce. In June 2016, the Ministry together with WHO and the Clinton Health Access Initiative (CHAI) convened a two-day Human Resources for Health Summit. This meeting brought in leading experts from Ghana, Liberia, Uganda, Rwanda, Zambia and Ethiopia to share best practices and advise Sierra Leone on developing Human Resources for Health (HRH).

The Summit also initiated a policy process to develop a new HRH Strategic Plan for 2017-21. To do this, the HRH Secretariat (the Ministry, WHO and CHAI) convened three technical working groups on Management, Financing and Training, who also provided input into a revised HRH Profile and Policy. Workshops in Freetown as well as Makeni, Bo and Kenema

which engaged hundreds of expert participants contributed to improving the three documents, which will be launched early in 2017.

To deepen the evidence base of knowledge on HRH and enhance the Ministry's ability to manage its workforce, support was also provided to improve the institutionalisation of the Human Resources Information System, which provides evidence-based information on the health workforce in Sierra Leone.

Finally, steps were taken towards revitalising the College of Medicine and Allied Health Sciences (COMAHS), the country's only medical school, in order to support the longer-term development of health professionals. Working closely with the University of Sierra Leone's Selection Committee, initial support focused on the screening and selection of a new Deputy Vice Chancellor, who joined COMAHS in late 2016.



**Emile Koroma**

**Deputy Director of Human Resources for Health - Freetown**

"There has been very significant progress in placing Human Resources for Health high on the national and global agenda. This is crucial, because having the right people in the right place with the right kind of skills underpins every aspect of health service delivery. If we get this right, then effective service delivery can follow. In 2016, one very significant achievement has been the creation of a comprehensive electronic database of health workers, which allows us to know where our health staff are, at what levels, the age and gender distribution and much more. This is enabling us to do specific analysis of the needs within the system, so we can establish what needs to happen to address the gaps. I am confident that there is momentum now to move this agenda forward and slowly but surely, build a resilient health workforce in Sierra Leone."

# Health Information Systems

Sound and reliable information is the foundation of quality decision-making within the health sector, and the health information system (HIS) is what makes this happen. It has four key functions: generating data, compilation, analysis and synthesis of this data, and its communication and use. In Sierra Leone, concerted efforts are underway to ensure that the country has an information system in place that can contribute to stronger, more responsive health services.

At the beginning of 2016, the Ministry committed to revamping the national HIS in Sierra Leone, in order to meet the demands of the health sector's early recovery efforts, produce routine data required to inform policy and strategy development, and also track progress within the health system. This process commenced through the establishment of a Monitoring and Evaluation (M&E) Working Group, which mobilised key partners and Ministry personnel to undertake a national assessment of the existing HIS. The results of this assessment were then utilised in developing a definitive roadmap and framework for Sierra Leone.

Within the assessment, the top priority identified was the need for a National HIS Strategic Plan and Investment Framework to guide partner participation and investments, and improve efficiency. Following a series of consultations and workshops, the Ministry has now developed a draft National HIS Strategy to such effect, which is currently under review by the M&E Working Group and is expected to be finalised in the first quarter of 2017.

Further to this, steps were taken to improve data management systems, including the development of the District Health Information System version 2.0. Unlike its predecessor, this system is an electronic web-based application that is easily adaptable, more user-friendly and scalable to the districts. These features have helped improve the use of the DHIS in Sierra Leone and also the reporting rates of health data, from an average of 50-60 percent in 2015 to 80-90 percent in 2016. Over the course of 2016, the Ministry also trained all relevant programme and district M&E staff on the use of the DHIS.

These combined efforts have led to solid improvements in the foundational health data systems in Sierra Leone. In 2017, work will continue towards finalising the HIS Strategic Plan; strengthening use and understanding of the national HIS, and improving data quality, demand and use at the various levels of the health system.

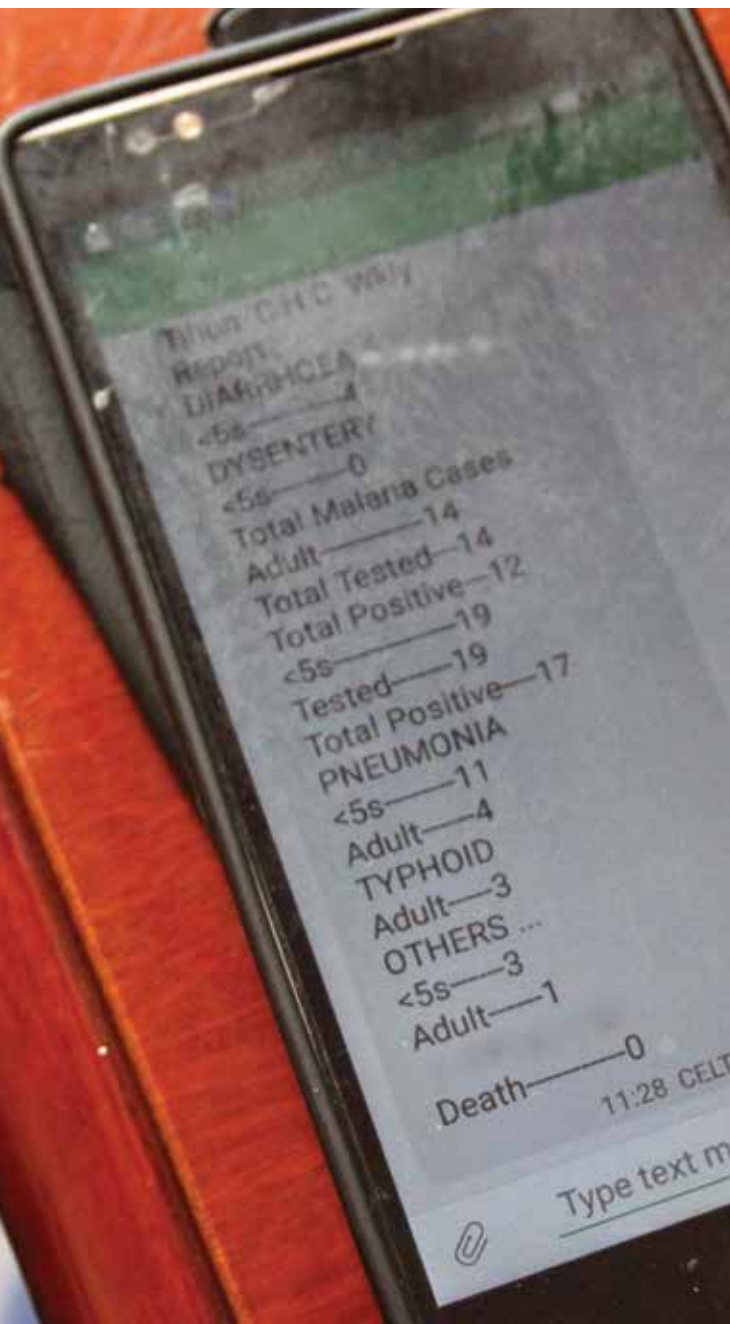


Photo: WHO/Keenan L

# Districts Strengthening & Management

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Within Sierra Leone, District Health Management Teams (DHMTs) are the frontline managers of the health system at the subnational level, responsible for planning, organising and monitoring health provision, training personnel, engaging with communities, supplying drugs and equipment, and ensuring that quality and equitable health services reach the population.

To build core capacity of the DHMTs, the Ministry of Health and Sanitation hosted a regional workshop in April 2016 in Freetown, focused on strengthening “Leadership, Management and Operational Capacity of District Health Management Teams in the three Ebola-affected countries”. High level representatives from the Ministry attended the workshop, alongside development partners from Guinea, Liberia and Sierra Leone.

The workshop provided a platform for various organizations, academics, experts, and government from across the three countries

to share experiences and lessons learned on subnational coordination and management, resulting in the development of three country-specific roadmaps for strengthening their respective DHMTs.

Subsequent to this exercise, the Ministry with support from WHO conducted an assessment of the leadership, management and operational capacity in all districts, which informed the development of a draft strategy for enhancing District Health Management in Sierra Leone.

It is envisaged that an integrated package of management interventions will promote strong collaboration between partners, improve coordination and oversight by the Ministry and also guide investment in district management systems. WHO is currently in discussion with the Ministry and relevant partners on finalising the document, with implementation expected to commence in 2017.

Photo: WHO/Thompson F







Photo: WHO/Romeril W.

# ABOUT US

# How We Work

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## Technical assistance and capacity building

Through 2016, the Country Office worked with the Ministry of Health and Sanitation to implement the Biennium Plan (2016-17), which closely aligns with the country's post-Ebola Presidential Recovery Priorities. In implementing this Plan, WHO provides high quality technical advice on health issues, capacity building and where required mentoring and coaching both at national level and throughout the districts to achieve the following strategic goals:

1. Reducing child and maternal mortality;
2. Strengthening Human Resources for Health;
3. Engaging communities on health;
4. Improving management for health and a resilient health system;
5. Strengthening Integrated Disease Surveillance and
6. Enhancing Infection Prevention Control.

The office has retained its presence both at the district and national level, working through three technical clusters - Health Systems Strengthening, Health Security & Emergencies and Basic Package of Essential Health Services. The support clusters of Operations, Districts Coordination and Administrative Support Units provide planning, coordination and functional support to the technical clusters for programme implementation.

## Working with the District Health Management Teams

WHO Sierra Leone continue to provide technical support in all districts, aimed at strengthening national capacity. Enhanced district-level support aims to support the Ministry as well as the District Health Management Teams with early recovery efforts following the major Ebola outbreak, ensuring that any new flare-ups are promptly detected and contained (maintaining a

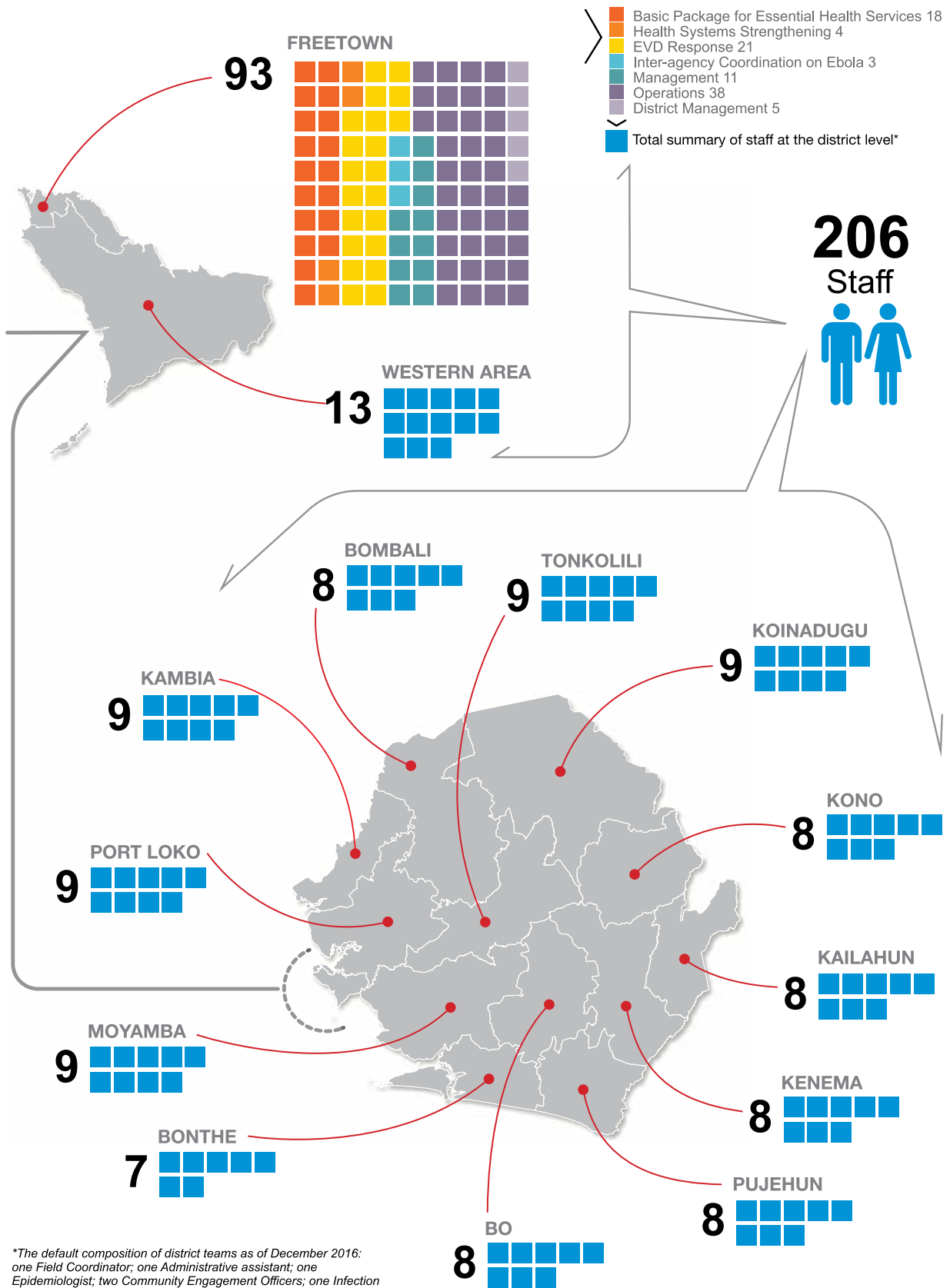
'resilient zero') but also building back a stronger, more resilient health system at all levels.

Extensive consultations with the Ministry and district teams have now been held to establish the most appropriate structure for future support. Accordingly, from 2017 the WHO district presence will be comprised of a smaller core team of two technical team members (Field Coordinator and an Epidemiologist or Basic Package Officer) and two support staff (Administrative Assistant and Driver). In addition, a Community Engagement Officer will be seconded to the DHMT. An additional change in approach is that the new WHO district teams will be embedded in the DHMTs rather than working as field offices, enabling a greater focus on capacity building, coordination and sustainability at the district level.

## Effective financial management and oversight

During 2016 the office fully transitioned from Emergency Operations back to normal operating standards, both at the national office in Freetown and in the 13 district offices. Mechanisms are maintained to ensure that reporting and accountability requirements are met on a timely basis. The office uses WHO's integrated Enterprise Resource Planning System and Global Management System, a highly robust IT system to gather, collate, produce data, monitor implementation and produce reports. With the exception of small transactions that are overseen by the regional office, payments are managed and expenditures monitored through the WHO Global Service Centre, providing consistent and assured accountability and oversight throughout the Organization.

# WHO Presence in Sierra Leone 2016





# Lessons Learned

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During the Ebola epidemic, many critical lessons were gained on emergency preparedness and response, and substantive efforts have been made throughout 2016 to more fully institutionalise these learnings within the health system. This report has documented many achievements to this effect, including the development of outbreak response plans, improvements in formalising and scaling up early warning systems, and the establishment of Emergency Management Committees and Rapid Response Teams – nationally and in the districts.

Lessons were also learned, tailored and applied during the most recent EVD response in Tonkolili. The national protocol on the use of Ring Vaccination for outbreak containment is now being finalised. This integrates a number of learnings from the Tonkolili experience – not least, the importance of working through established community structures, including Village Development Committees and Paramount Chiefs. Secondly, the flare-up highlighted the need for regular refresher trainings across all partners and stakeholders involved in emergency response. This will remain critical for retention of knowledge and skills, especially as the country moves further from the immediacy of the Ebola epidemic.

Lessons from the EVD outbreak and ‘getting to zero’ are now also informing activities in the areas of maternal and child health. In particular, real-time data on maternal deaths has been integrated into the national disease surveillance system, enabling greater visibility, monitoring and response to maternal deaths. Meanwhile strengthened community platforms offer opportunities for promoting effective health seeking behaviours, and are helping to create stronger linkages between communities and their health services.

More broadly, valuable insights have been gained to strengthen planning and coordination within the health sector. Through all aspects of the recovery process, the year has seen a necessary focus on training key personnel, across many different partners and programmes. However, a clear observation from 2016 is that there must be greater efforts to coordinate

such efforts to avoid overwhelming aspects of the health system. This is an issue to be addressed within the country’s forthcoming Human Resources for Health Strategy. In addition, WHO is supporting the office of the Chief Medical Officer to introduce detailed quarterly calendars, which can be shared with respective departments and agencies to enhance coordination.

One other important development relates to the roll-out of new training approaches, designed to maximise impact. This includes whole-of-site, facility-based training, which has now been successfully applied within the area of EmONC. Taking place within the staff member’s regular workplace, this enables health workers to directly embed newly-acquired skills within their clinical practice, while engaging team members to create a supportive environment for these skills to be applied. The way in which the effectiveness of these trainings is assessed is also changing. Instead of measuring the number of people trained in infection prevention or emergency obstetrics for instance, the focus is shifting to measuring numbers of hospital-acquired infections or outcomes of emergency care. This will enable a greater focus on impact - with health, not healthcare, as the ultimate end goal.

Taking all of this on board, WHO will continue to adapt, learn and share lessons as a core aspect of the technical support it provides within the health sector, while aiming to maximise impact across programmes. This includes work at the national level as well as support to the DHMTs, where teams will continue to partner with the Ministry through 2017 to consolidate recent progress in management and service delivery. This will be imperative as the country looks to increase effectiveness and resilience at the various tiers of the health system, and deliver lasting health gains in Sierra Leone.



Photo: WHO/Gborie S

# RESULTS & FINANCIAL CONTRIBUTIONS

# Achievements Against Workplan

CATEGORY 1: Communicable Diseases						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
1.1 HIV	1.1.1 Develop and disseminate updated guidelines and strategies for HIV prevention, care and treatment in Sierra Leone	<i>Updated HIV guidelines by 2016 and 2017</i>	0	1	1	1
	1.1.1 Conduct periodic HIV/AIDS surveillance monitoring, evaluation and research reports across all districts	<i>HIV Surveillance reports</i>	0	4	4	4
1.2 Tuberculosis	1.2.1 Develop updated tuberculosis guidelines in line with the post-2015 global strategy, and current Sierra Leone national strategic plan	<i>Update TB guideline</i>	0	1	1	1
	1.2.1 Conduct periodic tuberculosis surveillance monitoring and evaluation reports across all districts	<i>TB Surveillance reports</i>	0	4	4	4
1.3 Malaria	1.3.1 Support the review of national malaria prevention, control and elimination strategies in Sierra Leone	<i>Revised Malaria Guideline</i>	0	1	1	1
	1.3.1 Conduct periodic malaria surveillance monitoring and evaluation reports across all districts	<i>Malaria surveillance reports</i>	0	4	4	4
1.4 Neglected tropical diseases	1.4.1: Support the update of policies, strategies and integrated action plans for control of neglected tropical diseases (NTDs) in Sierra Leone	<i>Update NDT plan</i>	0	1	1	1
1.5 Vaccine preventable diseases	1.5.1: Support the development and implementation of national multi-year vaccination plans and annual vaccination implementation plans in Sierra Leone	<i>Updated strategic plan</i>	0	1	1	1
	1.5.2: Support the development and implementation of national strategies for measles and rubella elimination in Sierra Leone	<i>Percentage of districts introduced MR</i>	0	0	100%	0
	1.5.3: Support the introduction of new vaccines in Sierra Leone	<i>Percentage MR SIA national coverage</i>	0	0	90%	0
CATEGORY 2: Noncommunicable Diseases						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
2.1 Noncommunicable diseases	2.1.1 Support the implementation of the national strategic plan for prevention and control of noncommunicable diseases (NCDs) in Sierra Leone	<i>Tobacco control legislation in place by 2017</i>	0	0	1	0
		<i>Multi sectorial policy and strategic plan on NCDs</i>	2	2	2	2
2.2 Mental health	2.2.1 Support MOHS to revise the Mental Health Act and the Mental Health Policy and Strategic Plan	<i>Mental Health Act is available; Mental Health Policy and Strategic Plan available</i>	0	1	2	1

CATEGORY 2: Noncommunicable Diseases (continued)						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
2.2 Mental health	2.2.2 Support the integration of mental health services at the primary care level through capacity building, training, and research in collaboration with mental health partners including NGOs working in Sierra Leone	<i>Number of CHOs and MDs trained in mhGAP, number of patients with mental disorders reported in the HMIS</i>	4%	36%	100	40%
2.5 Nutrition	2.5.1 Strengthen the national nutrition surveillance system	<i>Proportion of PHUs with trained staff on growth monitoring and promotion</i>	50%	50%	100%	72%
	2.5.2 Support the development, implementation and monitoring of nutrition action plans in Sierra Leone	<i>Nutrition guidelines and plans</i>	1	2	3	2
CATEGORY 3: Reducing Child and Maternal Mortality & Restoring Essential Health Services						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
3.1 Reproductive, maternal, newborn, child and adolescent health	3.1.1: Review, adapt and build capacity in maternal, perinatal and newborn policies, guidelines and treatment protocols, and conduct assessments of treatment facilities in Sierra Leone	<i># of guideline and treatment protocol developed, reviewed or adapted,</i>	N/A	2	1	1
	3.1.1: Capacity for RMNCAH monitoring, MDSR and CRVS strengthened at district level	<i># of districts strengthened to monitor RMNCAH, MDSR and CRVS</i>	N/A	13	14	14
	3.1.1: Provide support to the MoHS and national partners for conducting policy dialogue on national RMNCAH strategies and policies, its implementation and monitoring.	<i>RMNCAH Policy and Strategy Developed</i>	N/A	1	1	0
	3.1.1: Support the improvement of quality of care of postnatal maternal and newborn care	<i>Developed and/or adaptation of Post-natal Care Guidelines</i>	0	1	1	0
	3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	<i>District having 60% coverage of IMNCI training</i>	4	10	14	11
	3.1.2: Improved RMNCAH coordination and joint planning	<i># of RMNCAH Coordination meetings/ month</i>	1	1	1	1
	3.1.2: Child and Newborn health guidelines, standards and innovative approaches adapted and updated, and capacity built for its implementation	<i>Guidelines on child and newborn health care developed</i>	0	1	1	1
	3.1.3: Integrated Sexual and Reproductive health guidelines and treatment protocols adapted and capacity built	<i># trained in long term FP methods</i>	0	80	100	100
	3.1.4: Pilot best-practice activities in RMNACH and ensure local evidence generated to support improved health outcomes	<i>Evidence documented and disseminated from at least 2 pilot activities</i>	0	1	1	1
	3.1.5: Support the adaptation and development of adolescent health protocol and guidelines; and the scale up of comprehensive adolescent-friendly health services	<i># of HCW and Peer educators trained in AFHS</i>	160	160	150	33 (TOT)



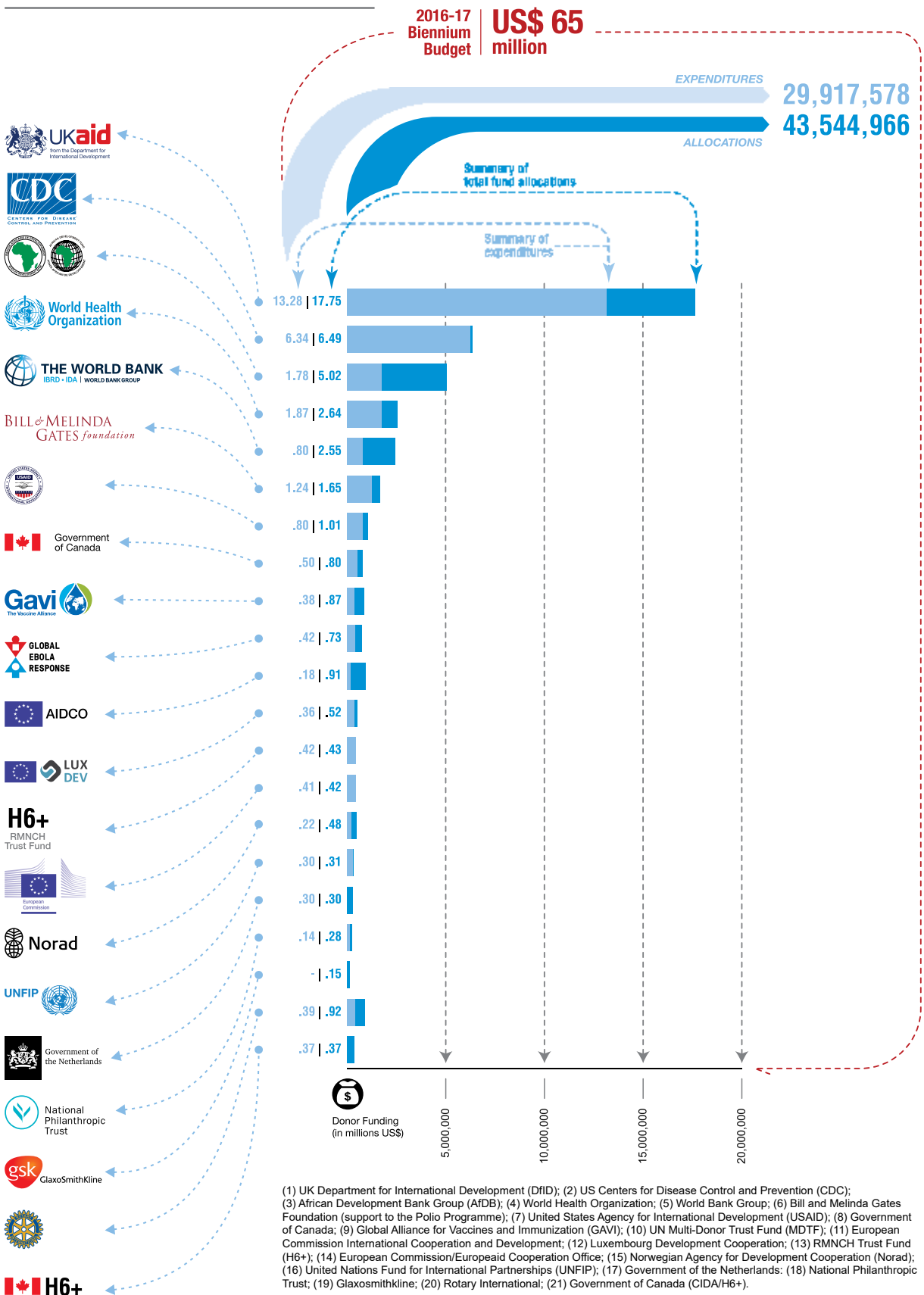
Reducing Child and Maternal Mortality & Restoring Essential Health Services (continued)						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
3.5 Health and the environment	3.5.1 Support the implementation of the Libreville Declaration on health and the environment in Sierra Leone	Number of health & environment interventions implemented	1	5	10	5
	3.5.1 Develop and implement plans to manage insect-borne diseases, including chemical control, in Sierra Leone	Reports of implementation of activities	0	5	10	5
	3.5.1 Support the development of National Plan of Joint Action in health and environment (NPJA) in Sierra Leone	National Plan of Action in health and environment available	0	1	1	1
CATEGORY 4: Health Systems						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
4.2 Integrated people-centred health services	4.1.1: Provide support to the MoHS at central level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review"	(1) National health sector strategic plan and sub-sector strategies/ operational plans updated	0	1	3	1
		(2) Percentage of districts that submit timely, complete and accurate reports to national level	20	70	90	80%
	4.1.2: Provide support to the MoHS at district level for improved and better coordinated policy dialogue on national policies, strategies and plans, their implementation, monitoring, evaluation and review	(1) % or Number of Districts plans reflective of the National policy	20%	50%	70%	100%
		(2) % or Number of Districts holding quarterly, bi annual and annual M&E reviews				80%
	4.1.3: Strengthen human resources for health in Sierra Leone through development of a human resources for health policy and strategy, training, improved HRIS and payroll management	(1) Data collection for head count of all health care workers in SLE completed (Y/N) (2) Analytics support for mapping, distribution of HCW in SLE provided in (Y/N) (3) Capacity gaps and training needs of HCWs in SLE finalised (Y/N)	0%	70%	90%	Y Y Y
4.2.1 : Promote best practice public health principles at the health care interface through a focus on infection prevention and control (IPC) by supporting the implementation of the basic standards in IPC based on the national guidelines and monitoring of compliance						
4.2 Integrated people-centred health services	4.2.2: Technical Support for the Improvement of EVD Survivor access to the Health component of the CPES	1) No. of survivor advocates trained on basic case coordination / No. of SHAs from catchment areas (2) No. of CHOs from selected PHUs trained in basic health services to EVD Survivors	0%			152  226 CHO / 12 CTO

CATEGORY 4: Health Systems (continued)						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
4.2 Integrated people-centred health services	4.2.2: Technical Support for the Improvement of EVD Survivor access to the Health component of the CPES	(3) No. of EVD Survivors receiving specialised eye evaluation and referral for specialised care when needed (4) No. of EVD Survivors receiving free healthcare at MOHS facilities (5) PIU setup Y/N	0%			.
	4.2.3 Enhance community engagement in Sierra Leone through Community Engagement Taskforces, community-level Health Clubs, and ensure that communities are fully involved in all high priority health programmes	Percentage of districts that have effectively embedded community engagement in the implementation of their health system within two years.	20%	100%	100%	100%
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1: Support the development of information management systems and research activities as part of the Sierra Leone public health laboratory network	Proportion of districts capturing lab data electronically	0%	20%	20%	90%
4.3 Access to medicines and other health technologies and strengthening regulatory capacity	4.3.1: Provide technical support to the MOHS in the development of the national public health network in Sierra Leone	Updated Policy and SOP on integrated laboratory specimen referral	0	1	1	1
	4.3.1: Support the institutionalisation of the national public health laboratory network in Sierra Leone by enabling good governance and assuring adequate human resources for health	Percentage of districts with lab personnel trained and part of RRT	0%	100%	100%	100%
CATEGORY 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
5.1 Preparedness, Surveillance And Response	5.1.1: Provide advocacy, assessment, and development of the Sierra Leone national plan for International Health Regulations (2005) implementation	Developed IHR plan of action for Sierra Leone	0	1	1	1
	5.1.2: Develop national capacity for surveillance and response based on the Integrated Disease Surveillance and Response (IDSR) strategy in Sierra Leone	Proportion of districts with 80% timeliness and completeness rates	0%	60%	100%	100%
	5.1.3: Establish an all-hazards approach to epidemic response in Sierra Leone, including cross border surveillance of communicable diseases	Proportion of suspected outbreaks of epidemic prone diseases notified to the national level and with district response within 2 days of surpassing the epidemic threshold	0	60%	80%	90%
	5.1.4 Develop and implement plans for event based surveillance and risk assessment for all public health events	Proportion of districts with an updated (3 months) rumour log that includes community notifications	0%	60%	80%	69%
5.1 Preparedness, Surveillance And Response	5.1.5: Facilitate and lead the development of a national public health laboratory system in Sierra Leone	Proportion of district laboratories that receive at least one supervisory visit with written feedback from provincial /national level	20%	30%	50%	80%

CATGEGORY 5: PREPAREDNESS, SURVEILLANCE AND RESPONSE (continued)						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
5.2 Preparedness, Surveillance And Response	5.2 :Support the Sierra Leone MOHS in developing and strengthening surveillance systems for priority epidemic diseases	<i>Proportion of health facilities with internet coverage reporting on electronic platform</i>	0%	60%	80%	0.5% (pilot phase)
5.3 Emergency risk and crisis management	5.3.1 Support development of an all disaster risk management capacity	<i>Functional national EOC</i>	0	50%	100%	60%
	5.3.2 Develop national capacity for disaster risk management for health in Sierra Leone	<i>Proportion of nationally declared hazards with DRR contingency plan</i>	40%	75%	90%	75%
	5.3.3 Develop capacity for coordinated response to acute/ unforeseen public health emergencies					
5.4 Food Safety	5.4.1 Strengthen multi-sectoral collaboration to control risk and reduce the burden of foodborne diseases	<i>Number of advocacy materials developed</i>	0	2	3	0
		<i>Number of Food safety laws in place</i>	0	1	1	0
5.5 Polio eradication	5.5.1 Provide direct in-country support for polio vaccination campaigns and surveillance in all polio-outbreaks, polio-affected and high-risk countries	<i>Percentage of districts attain &gt;95% SIA coverage</i>	80%	93%	95%	100%
	5.5.1: Prepare weekly reports of case-based data on acute flaccid paralysis, polio cases, and supplementary oral poliovirus vaccination activities	<i>Percentage of districts attain a NPAFP rate of &gt; 2</i>	80%	85%	95%	62%
5.5 Polio eradication	5.5.3 : Support national authorities in the development, implementation and monitoring of the national polio virus containment and emergency response plan in line with the global containment guidelines and action plan	<i>Percentage timely reports/ databases sent to IST West</i>	80%	85%	90%	100%
		<i>National polio response and containment plans</i>	0	1	1	1
CATEGORY 6: Corporate Services & Enabling Functions						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
6.1 Leadership and governance	Ensure effective leadership of the Country Office	<i>Conduct weekly and monthly SMT and EMT meeting</i>	90%	100%	100%	100%
	Update, monitor and evaluate Country Cooperation Strategy (CCS)	<i>Establish and update country cooperation strategy</i>	0	100%	100%	-Drafted-
	Facilitate coordinated partnerships at country level	<i>Chair health developmental partnership meetings</i>	80%	100%	100%	100%
	Support effective functioning of the UNCT	<i>Attend and contribute to all UNCT meetings</i>	75%	100%	100%	100%
6.2 Transparency, accountability and risk management	Update, monitor and evaluate the WHO risk register and internal control framework at national and district levels on an ongoing basis	<i>Comply with WHO internal compliance framework</i>	50%	90%	100%	90%
6.3 Strategic planning, resource coordination and reporting	Ensure updated WCO biennium and operational plans duly aligned with Government priorities are in place	<i>Align with the President's Recovery Priorities and ongoing initiatives</i>	85%	95%	95%	95%
	Updated resource mobilisation plans	<i>Engage with all targeted developmental partners</i>	85%	95%	95%	95%
	Ensure compliance with donor reporting requirements	<i>Complete all donors reports</i>	80%	95%	95%	85%

CATEGORY 6: Corporate Services & Enabling Functions (continued)						
Programme Area	Top Task	Indicator	Targets			Status 2016
			Baseline	2016	2017	
6.4 Management and administration	Implement a robust budget monitoring and reporting mechanism	<i>Host and chair weekly finance meeting</i>	90%	95%	95%	100%
	Update human resource plan in line with operational realities	<i>Maintain and update HR database</i>	90%	95%	95%	95%
	Prepare and implement a comprehensive staff development plan	<i>Host quarterly SMT and staff workshop</i>	100%	100%	100%	100%
	Ensure updated ICT infrastructure in place to support country and field offices	<i>Ensure the proper and effective functioning of all districts ICT capacity</i>	70%	90%	90%	90%
	Ensure conducive working environment for all staff	<i>Percentage of staff rating the working environment as 'Good'</i>	60%	90%	90%	82%
	Ensure effective logistic support for technical operations	<i>Ensure the proper and effective functioning of all districts logistics capacity</i>	70%	90%	100%	90%
	Ensure MOSS compliance of WHO premises	<i>Ensure safety all staff and asset.</i>	90%	100%	100%	90%
6.5 WHO-AFRO Transformation Agenda	Improve the communication of health information and messaging by supporting WHO staff	<i>Published bi-annual and annual reports</i>	90%	95%	95%	100%
	Develop capacity within the Sierra Leone WHO country office for internal and external communications	<i>Ensure bi-weekly internal and external communications are up to date</i>	65%	100%	100%	90%

# Financial Contributions



# Acronyms

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<b>AIDS</b>	Acquired immune immunodeficiency syndrome
<b>ART</b>	Antiretroviral therapy
<b>bOPV</b>	Bivalent oral polio vaccine
<b>CBS</b>	Community-based surveillance
<b>CDC</b>	United States Centers for Disease Control and Prevention
<b>CHW</b>	Community Health Worker
<b>IHR</b>	International Health Regulations
<b>COMAHS</b>	College of Medicine and Allied Health Sciences
<b>DHIS</b>	District Health Information System
<b>DHMT</b>	District Health Management Team
<b>PHU</b>	Peripheral Health Unit
<b>DR-TB</b>	Drug-resistant tuberculosis
<b>EMONC</b>	Emergency Obstetric and Neonatal Care
<b>ETAT</b>	Emergency Triage Assessment and Treatment
<b>GAVI</b>	The Vaccine Alliance
<b>HIS</b>	Health information system
<b>HIV</b>	Human immunodeficiency virus
<b>HWTS</b>	Household water treatment systems
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IMNCI</b>	Integrated Management of Neonatal and Childhood Illnesses
<b>IPC</b>	Infection Prevention and Control
<b>IT</b>	Information technology
<b>M&amp;E</b>	Monitoring and evaluation
<b>MDGs</b>	Millennium Development Goals
<b>MDR-TB</b>	Multidrug resistant tuberculosis
<b>MDSR</b>	Maternal Deaths Surveillance and Response
<b>e-IDSR</b>	Electronic Integrated Disease Surveillance and Response
<b>mhGAP</b>	Mental Health Gap Action Programme
<b>NCDs</b>	Noncommunicable diseases
<b>NGO</b>	Non-governmental organization
<b>NTDs</b>	Neglected tropical diseases
<b>PFA</b>	Psychological first aid
<b>PHEMC</b>	Public Health Emergency Management Committee
<b>PRPs</b>	Presidential Recovery Priorities
<b>RMNCAH</b>	Reproductive, maternal, newborn, child and adolescent health
<b>RRT</b>	Rapid Response Team
<b>SDGs</b>	Sustainable Development Goals
<b>SOP</b>	Standard Operating Procedure
<b>SUN</b>	Scaling Up Nutrition
<b>TB</b>	Tuberculosis
<b>tOPV</b>	Trivalent oral polio vaccine
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>UNIFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WASH</b>	Water and Sanitation for Health
<b>WHO</b>	World Health Organization



Photo: WHO/Sahr K



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